interRAI™
Better Assessment, Better Care, Better Outcomes

interRAI New Zealand Governance Board

Annual Report 2015-2016

Foreword

Message from Chris Fleming, Acting Chair interRAI NZ Governance Board

New Zealand is a leader in the use of the interRAI assessment tools, being the first country in the world to implement the Home Care and Long Term Care Facilities assessment tools nationwide.

The ability to speak a common language, use common assessment platforms and provide continuity of care across health care settings gives New Zealand the opportunity to gather useful information, enhance care and create a truly world class service for people in our community.

The establishment of the interRAI New Zealand Governance Board by the Director-General of Health evidences the importance of interRAI and how it supports the continued development of services to improve health outcomes for older people.

One assessment platform across both home and community, and aged residential care, ensures a consistent quality approach to support people as they transition across care settings.

Having successfully implemented the introduction of interRAI in both District Health Boards (DHBs) and aged residential care providers by 1 July 2015, the past year has been a period of consolidating the combined effort across the sector and establish new services to build on the success so far.

The development of a national data warehouse to gather aggregated data provides an unprecedented opportunity to understand our population's needs, enhance services and target resources in an environment where value for investment is essential and supporting quality of life as we age is paramount.

The demand to train people to use the interRAI tools continues to be high, which while posing some strain on resources, does indicate the continued interest and support. Further education can only improve understanding for interRAI concepts and help care providers deliver better services.

We have developed the way we communicate and engage with our stakeholders across the sector and will continue to build on our relationships and share information with our peers to showcase how far we have come on our interRAI journey in New Zealand and gather ideas for future direction.

This inaugural interRAI Annual Report 2015-16 has been prepared for the Director-General of Health in line with the requirement in the Terms of Reference for the Governance Board to report, through the Chair, to the Director-General at least once per year to advise of its progress in fulfilling its purpose and objectives.

Contents

Introduction

What is interRAI™?

The term 'interRAI™'[1] refers to both the international organisation (www.interrai.org) responsible for developing comprehensive clinical assessment systems, and the suite of clinical assessment tools available. The acronym stands for International Resident Assessment Instrument.

interRAI is a not-for-profit organisation consisting of a collaborative network of clinicians and researchers in over 35 countries. New Zealand has two members of the interRAI collaborative, Dr Nigel Millar, Chief Medical Officer and geriatrician at Canterbury DHB and Dr Brigette Meehan interRAI National Services Manager at TAS. These interRAI fellows are our link with interRAI International and ensure New Zealand is up to date with current best practice and research.

Countries using interRAI include Canada, USA, Australia, Belgium, Spain, Jordan, Finland, France, Switzerland, Sweden, Poland, Germany, Netherlands, Italy, Hong Kong, India, Estonia, Japan, Iceland, Korea, China, Taiwan, Lithuania, Czech Republic, Denmark, Norway, Singapore, South Africa, Brazil, Lebanon, the United Kingdom, Israel, South Korea, Qatar and New Zealand.

interRAI International has a royalty free licence with New Zealand through the Director-General of Health.

Each tool in the Comprehensive Clinical Assessment interRAI suite has been developed for a specific population. The tools are standardised assessments designed to work together to form an integrated health information system. interRAI tools share a common language; that is, they refer to the same clinical concepts in the same way across different tools. Using common measures enables clinicians and providers in different care settings to improve continuity of care and integrate the care and support needed for each individual.

The interRAI software displays information for clinical decision making and care planning. It highlights opportunities for improvement for the person and potential areas of decline, and focuses on the creation of individualised care plans, leading to improved health outcomes.

The data collated using the interRAI assessment software can be aggregated to gain a local, regional and national view. One national software platform used across New Zealand means assessments can take place at the older person's point of care and move with the person to different settings across the country.

The data from each assessment may be aggregated to provide a range of outputs such as clinical decision support tools, case-mix classification systems, quality improvement and benchmarking, monitoring measures, and screening algorithms to target priority groups or identify groups that are at relative risk of adverse outcomes.

[1] For ease of reading, we have removed the '™' symbol when referring to interRAI in the remainder of this report, however it is noted that interRAI™ is a registered trademark and appropriate use of the term applies.

interRAI in New Zealand

In 2003, the New Zealand Best Practice Guidelines *Assessment Processes for Older People* identified the interRAI assessments as the best assessment tools to meet the objectives in the 2002 *Health of Older People Strategy.*

The following year, five District Health Boards (DHBs) piloted the interRAI home care assessment to identify implementation requirements. A key finding was the importance of consistent training.

In 2007, all DHB Chief Executives supported national implementation of the interRAI assessments for home and community and in the next year, the interRAI National DHB Implementation Project (2008-2012) commenced.

In 2010, the DHBs, in conjunction with the New Zealand Aged Care Association, agreed to support the voluntary introduction of interRAI assessment in aged residential care through a project (2011-2015), since mid-2012, all DHBs have been using interRAI assessment for assessing older people's needs for home and community support services. About the same time, the Associate Minister of Health announced that interRAI would be the mandatory primary assessment to inform a resident's care plan for aged residential care from July 2015.

New Zealand is now the first country in the world to have use of these home and community, and residential care interRAI suite of tools nationwide. This quality, consistent approach to care planning for older people provides a solid platform to further enhance the services delivered in our communities.

While the licence with interRAI International allows New Zealand to utilise any of the assessment tools in the interRAI suite, at this point, only tools relating to older people are currently being used here.

The interRAI New Zealand Governance Board

In recognition of the importance of interRAI in the New Zealand health and aged care sectors, the Director-General of Health appointed an 11-member interRAI New Zealand Governance Board to oversee the delivery of the interRAI programme and support the vision for interRAI in New Zealand.

Professor Paul McDonald was appointed as Chair in October 2015 and resigned from his post in June 2016 due to personal circumstances. Deputy Chair Chris Fleming is filling the Acting Chair role until a permanent appointment is made.

The Governance Board operates under the authority given to it by the Ministry of Health under the licence with interRAI International.

The primary purpose of the Board is:
'The Governance Board members have been appointed by the Director-General of Health to provide leadership and oversight to interRAI New Zealand (interRAI NZ) to ensure the continuous improvement of 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.'

The interRAI New Zealand Governance Board takes strategic direction from the New Zealand Health Strategy and the New Zealand Health of Older Persons Strategy.

What does the Board do?

The Governance Board has been appointed to provide leadership and oversight of the interRAI programme in New Zealand, ensuring the continuous improvement of health outcomes for New Zealanders as they age, 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.

The Board has the authority to give direction and provide strategic governance for interRAI from a clinical, operational, and consumer perspective. Consumer representation ensures that stakeholders and shareholders are connected.

The Principles influencing good governance of interRAI are identified as:

- Active consumer involvement and influence
- Effectiveness and efficiency, enhancing the value of investment
- Integration and alignment with health sector business and IT systems
- DHB, provider and sector coordination and leadership
- Fitting with long-term outcomes for interRAI
- Ability to address the needs of all involved communities of interest
- Clear accountability for management and outcomes.

The Governance Board works collaboratively with the Ministry of Health, TAS (as the interRAI New Zealand service provider) and key stakeholders such as District Health Boards, Aged Residential Care Providers and consumer groups. The Board provides oversight of the delivery of a well-coordinated interRAI New Zealand programme to ensure improvements for older people across New Zealand.

The Board's Terms of Reference are included in ***Appendix 1*** of this report.

Board members

Professor Paul McDonald (Chair); Professor and Pro Vice Chancellor of Health, Massey University. (Professor McDonald resigned from his role as Chair in June 2016).

Chris Fleming (Deputy Chair); Chief Executive Southern District Health Board.

(Chris Fleming became Acting Chair in June 2016 after the resignation of Professor McDonald).

Dr Chris Hendry; Director NZ Institute of Community Health Care

Dana Ralph-Smith; General Manager Adult Rehabilitation and Health of Older People, Counties Manukau DHB

David Chrisp; General Manager North Island Access Home Health Ltd

Jan Adams; Director Nursing, Quality & Risk, Bupa Care Services New Zealand

Dr Judith Davey; Senior Associate, Institute for Governance and Policy Studies, Victoria University; Voluntary Policy Advisor Age Concern

Dr Nigel Millar; Chief Medical Officer, Canterbury District Health Board

Professor Matthew Parsons; Professor Medical and Health Sciences University of Auckland; Chair Gerontology Nursing, Waikato DHB

Max Robins; Chief Executive Officer CHT and Deputy Chair NZACA

Roy Reid; Chair Age Care Committee, Grey Power

Biographies of each Board member have been included in ***Appendix 2*** of this report.

Overview of Board discussions and decisions for 2015-16

The inaugural formal meeting of the interRAI New Zealand Governance Board was in October 2015, with meetings held every two months thereafter. After establishing the Terms of Reference and how it would function, the Board has considered a range of topics for the development of interRAI in New Zealand.

Key discussions and decisions were as follows (in chronological order in meetings held between October 2015 and June 2016):

- Agreement of key milestones and deliverables for the Board for the first year
- Discussed the initiation of a Post Implementation Review of the implementation of interRAI into Aged Residential Care (2011 – 2015). Terms of Reference for this review were discussed at a later meeting.
- Approved the Board's Terms of Reference.
- Considered the principles and consultation process for developing an integrated Education and Support Service function, delivering services across both Home and Community Care and Long Term Care Facilities
- Consideration of the role of the Governance Board in the evaluation and implementation of new interRAI tools in New Zealand over time, leading to an agreement to develop a governance framework
- Overview of the Palliative Care tool pilot and evaluation
- Endorsement of interRAI Services Data Access Protocol managed by the National Data Analysis and Reporting Centre and General Manager interRAI Services. This policy is included in ***Appendix 4: Key Documents***
- Input during consultation of the Ministry of Health's Health of Older Persons Strategy
- Visit and presentation to interRAI staff and some Board members from David O'Toole President and CEO of Canadian Institute for Health Informatics (CIHI)
- Visit from Professor Vince Mor, Florence Price Grant Professor of Community Health in the Public Health Program of the Brown University School discussing the assistance Professor Mor is providing to interRAI New Zealand on the development of Quality Indicators
- Approval of Terms of Reference for the Post Implementation Review of the Aged Residential Care implementation project (2011 – 2015).
- First national Annual interRAI Data Analysis Report 2015/16
- Prioritisation of requests around interRAI software enhancements
- Ministry of Health presentation on the Statistics NZ Integrated Date Infrastructure (IDI) around the availability of health data and how this would work with interRAI data
- Consideration of casemix and Resource Utilisation Groups (RUGs) in New Zealand, leading to the Board's agreed position on casemix. This is including at ***Appendix 4: Key Documents***
- Overview on accreditation programme for external trainers to enable them to provide interRAI training
- Development of the Board's three-year rolling strategic plan, *interRAI New Zealand – Future Direction* – leading to an agreed plan. This is including at ***Appendix 3***
- Overview of discussions between interRAI Services, ACC and Waikato DHB about the possibility of piloting new interRAI acute care tools.

Director-General of Health Chai Chuah spoke to the Board and outlined his view of the Board's and interRAI's role in the health and aged care sectors. This helped shape the Board's strategic plan for interRAI in New Zealand over the next three years.

Board members with Chai Chuah, from left:
Chris Fleming, Roy Reid, Max Robins, Chai Chuah (seated), Jan Adams, Professor Matthew Parsons, Professor Paul McDonald (seated), Dr Chris Hendry, David Chrisp, Dr Judith Davey.
Absent: Dr Nigel Millar, Dana Ralph-Smith.

Strategic Direction of interRAI in New Zealand

Key objectives of interRAI New Zealand

- Consumers are receiving equitable access to and benefits from interRAI assessment regardless of their location in New Zealand
- Health outcomes are improved and health inequalities reduced for all those assessed through interRAI
- interRAI is effective in its use of funding and resources
- All relevant Government agencies use interRAI as evidence in policy development where appropriate
- interRAI is used to shape services and support best outcomes and continued service improvements
- Information from interRAI is accessible for research purposes
- Access to interRAI data is maximised whilst ensuring the privacy of consumers is safeguarded at all times
- New Zealand contributes to the international development of interRAI tools
- The interRAI suite is successfully and consistently implemented and supported in all relevant settings in New Zealand.

The interRAI New Zealand Governance Board's agreed strategic plan is included in ***Appendix 3: Strategic Plan.*** This was agreed by the Board in June 2016 with a view to implementation in the 2016/17 financial year and ongoing.

The strategic vision for interRAI Services

'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.'

interRAI Vision	•Continuous improvement of health outcomes for New Zealanders as they age and improvement in the effectiveness and efficiency of our health system
interRAI Mission	•Better assessment, better care, better outcomes
Achieved through	•Guiding and leading the use of interRAI instruments and the dissemination and use of interRAI information in conjunction with other information sources
Success looks like	•A national interRAI programme that delivers on clear objectives, is a centre of excellence for interRAI Education and Support Services, and provides resources for the strategic development, planning and delivery of health care and home support in the community

Supporting these overarching objectives are four key business areas for interRAI Services:

Education and Support Services	•Assessor education •Manager education •Quality programe and interRAI methodology expertise •Embedding assessment and data use in services •Maintainence of competency support programme •Agreed use - policies and practices across the sector
Data Analysis and Reporting	•Compliance data and reporting •Standard reports •Data extracts •Benchmarking •Quality indicators •Identifying anomalies
Governance	•An agreed strategic direction •Optimal performance •Resources and reporting •Achievement against objectives •Exploring future opportunities
Software Services	•Software service delivery to users •Aggregated data delivery to agreed clients •Upgrades and enhancements •Contract management

Funding

The Ministry of Health (MoH) appointed TAS as the national provider of interRAI Services. An overview of TAS is included in this report as ***Appendix 5***.

As of 1 July 2015, TAS has received annual funding to deliver all aspects of interRAI Services across four key business areas:

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

A Memorandum of Understanding (MoU) was agreed between the Ministry of Health (the funder) and TAS (the service provider), which included the requirement for certain outcomes to be achieved.

As part of the Outcome Agreement, the Ministry of Health asked interRAI Services to integrate all interRAI Education and Support Services into one national service, while ensuring service continuity of service to DHBs and aged care within budget and according to the requirements outlined in the MoU.

The funding for interRAI Services in New Zealand for the 2015/16 financial year was $7.35 million that included six months of funding for DHB-provided interRAI Services – the responsibility for which transferred to TAS on 1 January 2016.

Completing the implementation of the integrated structure will bring the purchasing arrangement with DHBs to an end on 30 September 2016.

The funding for the 2016/17 financial year is still under discussion.

Overview of achievements in 2015/16

This was a foundation year for both interRAI Services as a business unit within TAS and the interRAI New Zealand Governance Board. Alongside establishing a business unit, there were some significant achievements and highlights including:

- The establishment of the interRAI New Zealand Governance Board, who has provided leadership and oversight to the development of interRAI in New Zealand. The Board has ensured the continuous improvement of health outcomes for New Zealanders as they age and the efficiency and effectiveness of our health system, by guiding and leading the use of interRAI instruments and the dissemination and use of interRAI information.

- The interRAI New Zealand Governance Board developed and published a three year rolling strategic plan, *interRAI New Zealand – Future Direction*.

- interRAI Services developed a full visual and online identity, brand and a broad range of communications across New Zealand and commenced a programme of positive engagement with interRAI stakeholders both here and internationally.

- interRAI Services made a significant contribution to the inaugural World interRAI conference 2016 in Toronto. Our achievements in New Zealand were recognised by winning the Collaborative Effort, Innovation Award.

Receiving the international Collaborative Effort, Innovation Award on behalf of interRAI New Zealand, are from left:
Andrew Downes, National Software Manager; Lynda Wheeler, Education and Competency Manager; Dr Brigette Meehan, National Services Manager; Margaret Milne, Team Leader Education and Support Services; Lacey Langlois, Program Consultant, Programs Strategic Initiatives, Canadian Institute for Health Information (CIHI).

- The National interRAI Data Analysis and Reporting Centre was developed and established, a TAS interRAI data warehouse to host interRAI data was built, interRAI data access protocols were published and a suite of interRAI reports were produced for DHBs. The suite of reports is expected to expand over time to meet the needs of other stakeholders in the aged care sector.

- The National interRAI Data Analysis and Reporting Centre published the first interRAI Data Analysis Annual report.

- interRAI Education and Support Services trained 960 registered nurses in aged residential care to use the Long Term Care Facilities assessment tool.

- interRAI Education and Support Services trained and supported 241 aged residential care facility managers to use interRAI data reports for service delivery and improvement.

- interRAI software was upgraded and a full testing of data security undertaken.

- Built and continue to develop working relationships with a range of key stakeholders, including aged care providers and representative bodies, DHB Health of Older People portfolio managers and Needs Assessment and Service Coordination centres.

- A paper collating sector agreements about business rules for interRAI received approval from the Health of Older People Steering Group and will be forwarded to the interRAI New Zealand Governance Board in August for endorsement.

- During 2015/16, the National interRAI Data Analysis and Reporting Centre received and completed 52 data requests. Of these 49 were ad hoc requests for aggregated data and 3 were for unit record data.
  Five other requests were received but passed on to the National Software Manager.

Summary of interRAI Education and Support Services achievements

2015/2016 Long Term Care Facilities Training Registered Nurses to Competency

Table 1: The number of nurses that achieved competency to use the interRAI Long Term Care Facilities (LTCF) assessment

Quarter	Target	Actual
One	150	295
Two	117	304
Three	170	100
Four	173	182
Total	**633***	**960** (881 trained to competency, with a 7% failure rate)

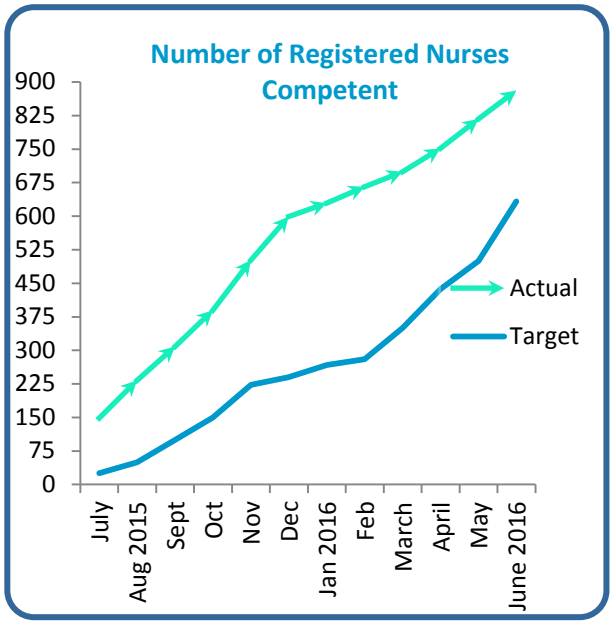
** Total target 633 includes 23 places reserved for facilities that meet criteria for urgent training*

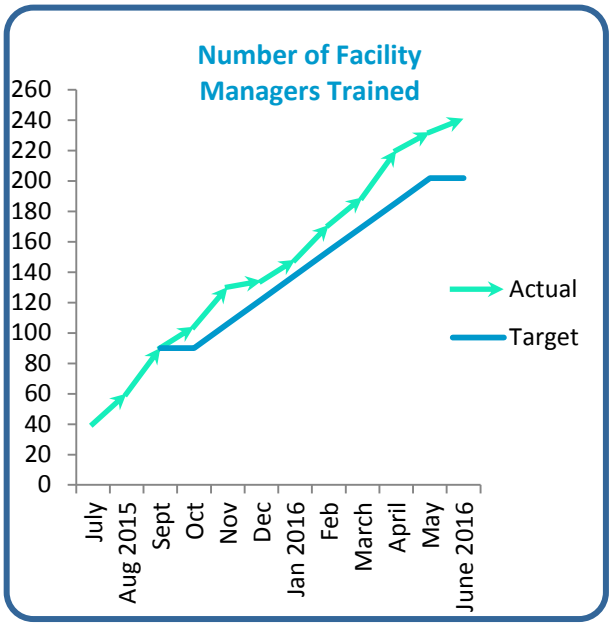
2015/16 Summary of the number of Long Term Care Facilities assessments for the year

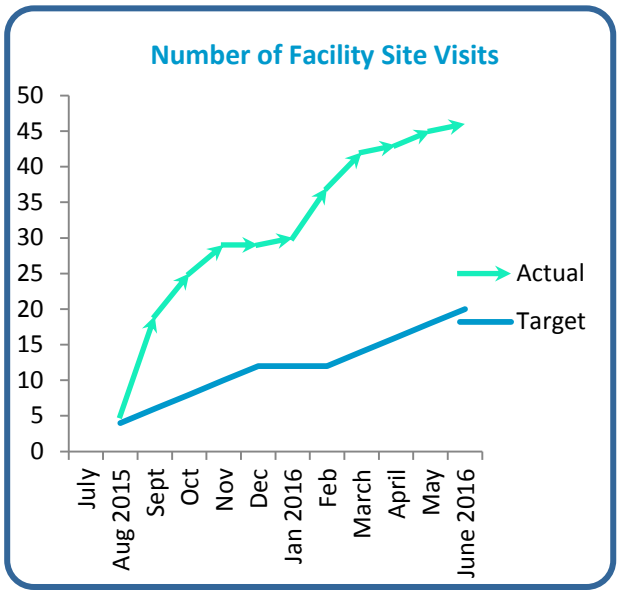
Table 2: The total number of new assessments and total number of re-assessments (reassessments includes return, routine and change in status)

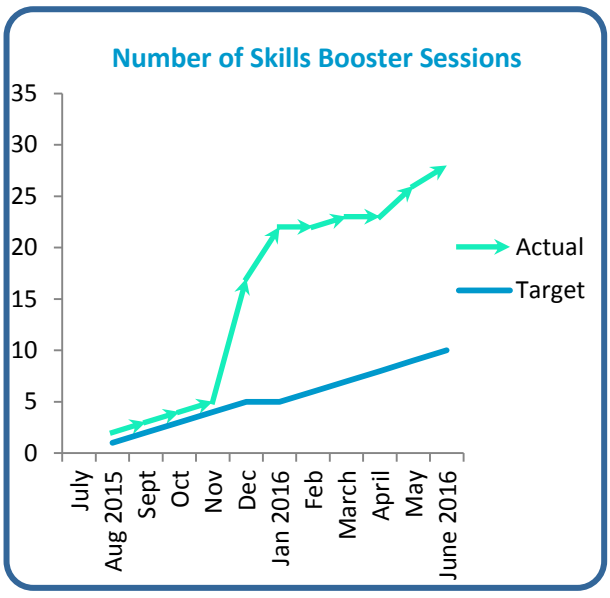
Item	April 2016	May 2016	June 2016 (end of 15/16 year)
Number of new assessments completed	36,773	38,055	39,523
Number of re-assessments completed	47,522	51,661	55,399
Total number of assessments completed	84,624	90,057	95,008

Line graphs illustrating activity









Appendix 1: interRAI NZ Governance Board Terms of Reference

interRAI Governance Board
Terms of Reference

Purpose

The Governance Board members have been appointed by the Director-General of Health to provide leadership and oversight to interRAI New Zealand (interRAI NZ) to ensure the continuous improvement of 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.

The Governance Board is a governance group with the authority to give direction and provide strategic governance for interRAI from a clinical, operational, and consumer perspective. The Governance Board will take strategic guidance from the New Zealand Health Strategy and the Health of Older Persons Strategy. The interRAI Governance Board must have consumer representation to ensure that stakeholders and shareholders keep the connection, and be a governance group with commitment to lead.

The Principles influencing good governance of interRAI are identified as:

- Active Consumer involvement and influence.
- Effective and appropriate information governance practices.
- Effectiveness and efficiency, enhancing the value of investment.
- Integration and alignment with health sector business and IT systems.
- District Health Board (DHB), provider and sector coordination and leadership
- Fitting with long-term outcomes for interRAI;
- Ability to consider the needs of all involved communities of interest;
- Clear accountability for management and outcomes.

The Governance Board will work collaboratively with the Ministry of Health, the Technical Advisory Service and key stakeholders such as District Health Boards, Aged Residential Care Providers and consumer groups.

Strategic Leadership

The Board will provide oversight to the delivery of a well-coordinated interRAI NZ programme to ensure improvements for older people across New Zealand. The Board will develop a programme of work that will include agreeing a Memorandum of Understanding with the Ministry of Health that sets out the formal arrangements on how the Governance Board will deliver the outcomes required by the Ministry of Health.

Chairperson

The Chair of the interRAI NZ Governance Board is appointed by the Director-General of Health. The Chairperson will preside at every meeting of the Board. If the Chair is not in attendance at a meeting, or is required to withdraw for any reason, the Deputy Chair will preside. If both the Chair and Deputy Chair are not available the remaining Board Members may elect an Acting Chair for that meeting by majority vote.

Duties and responsibilities of a member

This section sets out the Director- General's expectations on the duties and responsibilities of a person appointed as a member of the Governance Board. This is intended to aid members by providing them with a common set of principles for appropriate conduct and behaviour and serves to protect the Board and its members.

The Board will conduct its activities in an open and ethical manner, and operate in an effective and efficient way within the parameters of its functions as set out in its Terms of Reference.

Board members should have a commitment to work in the best interests of interRAI and the Board.

Members are expected to make every effort to attend all the Board meetings and devote sufficient time to become familiar with the affairs of the Board and the wider environment within which it operates.

Members are expected to act responsibly with regard to the effective and efficient administration of the Board.

Members will:

- be diligent, prepared and participate
- be respectful, loyal and supportive
- not denigrate or harm the reputation of interRAI or the Board.

The Board as a whole will:

- ensure that the independent views of members are given due weight and consideration
- ensure fair and full participation of members
- regularly review its own performance against the Board agreed work plan.
- act in accordance with the principles of the Treaty of Waitangi.

Risk Management

Public statements about the Governance Board's work shall be made by the Chair, or as delegated by the Chair.

Board members must ensure that all information acquired or created for the Governance Board is only used for performing duties as a Governance Board member.

Performance Management

The Governance Board is accountable to the Director-General for delivering the outcomes set out in the agreed Memorandum of Understanding and the Board work plan. The Governance Board will report through the Chair to the Director-General at least once per year, to advise of its progress in fulfilling its purpose and objectives.

Appointment Duration

Member appointments shall be made for a term of up to three years and members are eligible for reappointment at the completion of their terms.

Terms and conditions of appointment

Members of the Governance Board are appointed by the Director-General of Health for a term of up to three years. The terms of members of the Board will be staggered to ensure continuity of membership.

A role description is provided to board applicants.

Board applicants must supply a résumé to reflect skills relevant to being a member of the interRAI NZ Governance Board.

Unless a person sooner vacates their office, every appointed member of the Board will continue in office until their successor comes into office.

Any member of the Board may at any time resign as a member by advising the Director-General in writing.

Any member of the Board may at any time be removed from office by the Director-General for inability to perform the functions of office, bankruptcy, neglect of duty, or misconduct, proved to the satisfaction of the Director General.

The Director General may from time to time alter or reconstitute the Board, or discharge any member of the Board or appoint new members to the Board for the purpose of decreasing or increasing the membership or filling any vacancies.

Board support

The Chair and Board members will be supported by the Technical Advisory Service and designated Ministry of Health staff to ensure appropriate administrative and technical resources is available.

Membership

The interRAI Governance Board will be appointed by the Director-General of Health. The function of the Board will be reviewed in December 2016, to ensure interRAI is delivering against the agreed Memorandum of Understanding (MoU). This MoU will be developed from consultation and agreement between the interRAI Governance Board and the Ministry of Health.

The InterRAI Governance Board will consist of **eleven** members and to comprise of:

- Funders (2)
- Consumers (2)
- Clinician (1)
- Health Professional (1)
- Research (1)
- Health Informatics (1)
- ARC Provider representative (1)
- Home Care Provider representative (1)
- Chair (1)

One of the above must also be an interRAI Fellow.
A principle is that Consumers and Providers are not to be out-numbered by Officials.

Meetings

The interRAI Governance Board will meet at least quarterly or as requested by the Chair.

A written Agenda will be circulated at least 5 working days prior to the meeting and will be published on the interRAI web page at time of circulation.

A quorum of seven members plus the Chair must be present for decisions to be made. Decision-making will be by consensus. There a consensus cannot be reached a majority vote will apply

Each meeting will have in attendance:

- Manager Health of Older People, National Services Purchasing, NHB.
- A consumer representative.
- interRAI General Manager.
- Ministry of Health will be represented by the Chief Adviser, Health of Older People or the Chief Nurse.
- Secretariat.

Appropriate advice from stakeholders or ex officio members, on specific areas of interest, can be gained by invitation to attend as agreed by the Chair.

Conflicts of interest and confidentiality

Members must perform their functions in good faith, honestly and impartially, and avoid situations that might compromise their integrity or otherwise lead to conflicts of interest. Proper observation of these principles will protect the Board and its members and will ensure it retains public confidence.

Members attend meetings and undertake Board activities as independent persons responsible to the Board as a whole. Members are not appointed as representatives of professional organisations and groups. The Board should not, therefore, assume that a particular group's interests have been taken into account because a member is associated with a particular group.

Members are required to declare any actual or perceived interests to the full Board. The Board will then determine whether or not the interest represents a conflict, and if so, what action will be taken.

In general, no member may take part in any deliberation, discussion or decision relating to the matter in which they have a conflicting interest, unless given leave by the Board. If the Board allows a member with a conflict of interest to take part in any action of the Board, it must be recorded in the minutes:

- that the board permitted the conflicted member to take part
- the reasons for this permission being given
- a summary of what the conflicted member said in any deliberation or discussion. The Chairperson will ask members to declare any actual or perceived interests at the start of each meeting.

A Register of Declaration Conflicts of interests will be maintained by the Secretariat and reviewed as an agenda item at each meeting.

Minutes/Documentation

An agenda will be distributed to members at least one week prior to the meeting. Responsibility for the agenda rests with the Board Chair.

Minutes will be taken during the meeting and distributed to Members no later than two weeks following the meeting. A summary of the meeting outcomes will be published on the interRAI web page once the Minutes have been agreed as a true and accurate record.

Fees and Allowances

Fair and reasonable costs associated with individual members participation in meetings will be met using as a reference the Department of the Prime Minister and Cabinet, Cabinet Fees Framework for Group 4, '*All Other Committees and other Bodies'.*

Review Period

The Terms of Reference and function of the interRAI Governance Board, New Zealand, will be reviewed on an annual basis commencing December 2016.

Final version agreed at the interRAI Governance Board meeting on 23 October 2015.

Appendix 2: Biographies of interRAI New Zealand Governance Board members

Professor Paul McDonald (Chair)

Current role: Professor and Pro Vice Chancellor of Health, Massey University

Professor Paul McDonald was appointed the Pro Vice-Chancellor of College of Health at Massey University in March 2013.

In his academic career Professor McDonald spent 15 years at the University of Waterloo, Canada as Director of the School of Public Health and Health Systems, Chair of the Department of Health Studies, and Director of the Population Health Research Group.

He also has nine years of senior management experience in the public health and health services sectors and was named a Fellow of the UK Society for Public Health in 2007.

Professor McDonald has served on several national and international expert panels on health. He has been an advisor to Ministries of Health, non-profit and private sector partners in Canada, Australasia, and around the world.

His research focuses on improving the population impact of chronic disease prevention, particularly tobacco cessation, and has published more than 200 scientific papers and reports on tobacco control and public health.

Professor McDonald resigned from his role as Chair of interRAI NZ Governance Board in June 2016.

Chris Fleming (Deputy Chair)

Funder Representative

Current role: Interim Chief Executive, Southern District Health Board

Chris has recently been appointed interim Chief Executive of Southern DHB, having previously held the position of Chief Executive Officer of Nelson Marlborough District Health Board since February 2013.

Prior to his role in Nelson Marlborough, he was the CEO of South Canterbury District Health Board, based in Timaru, for five years.

Chris has worked in the Health Sector for the past 21 years, and has worked in a wide variety of roles including Chief Financial Officer, General Manager Planning & Funding, General Manager Surgical and Ambulatory, and Director of Population Health, Planning and Performance.

These roles have spanned across New Zealand, Australia and Canada.

On top of Chris's role he is also the South Island representative on the National DHB Executive, the Employment Relations Strategy Group, and is the Lead Chief Executive Officer nationally for Health of Older People.

Chris was the co-sponsor for the National Aged Residential Care Service Review and for the current roll out of InterRAI into all Aged Residential Care facilities over the next four years. Chris was also a Director of Health Benefits Limited.

Professionally Chris is a member of the New Zealand Institute of Chartered Accountants and the New Zealand Institute of Directors.

Dr Chris Hendry

Health Informatics Representative

Current Role: Director NZ Institute of Community Health Care; member of Health IT Board

Chris has been a nurse and a midwife in New Zealand for many years, having worked in a variety of settings and roles including within postgraduate education and research.

Over the past 15 years Chris has worked with a number of government health agencies, district health boards and community based health providers in the areas of service auditing, contract management, workforce planning and strategic service development.

Chris has a particular interest in the provision of community based health services, particularly maternity, primary care, and rural health services. Chris has also been a member of the Health IT Board since its inception in 2007.

Chris is Director of the New Zealand Institute of Community Health Care, working with active clinicians including nurses, midwives, doctors and allied health providers on research projects that focus on developing, enabling and evaluating the provision of health care in the community and the home.

Chris has an interest in the use of health service generated data to inform and drive innovation in practice.

Dana Ralph-Smith

Funder Representative

Current role: General Manager Adult Rehabilitation and Health of Older People, Counties Manukau DHB

Dana Ralph-Smith is the General Manager – ARHOP (Adult Rehabilitation and Health of Older People) at Counties Manukau District Health Board since 2003. Her portfolio includes managing HOP and LTS-CHC contracted services as well as operational management of Auckland Spinal Unit Rehabilitation Services, Geriatric and Rehabilitation Medicine inpatient community and outpatient services and inpatient and outpatient Allied health services across the Middlemore and Manukau Health sites.

Dana is the General Manager Representative for the Northern Region for HOP and HOP Clinical Network and also is a member on the New Zealand National Spinal Cord Governance group.

Dana originates from the US and has a clinical background in Physiotherapy. Dana has a MBA from Southern Cross University, and is passionate about integrating health and social services to improve patients and family support and outcomes.

David Chrisp

Home Care Representative

Current role: General Manager North Island Access Home Health Ltd

David Chrisp is currently employed as one of three General Managers with Access Home Health Ltd based in Wellington. He has been with Access for four years.

David's background is in civil engineering and he worked for many years in the energy sector with both public and private entities.

In 1996 he joined the health sector by way of the (then) Central Regional Health Authority. For the best part of 15 years David worked mainly in funder and service development roles within government agencies. Specifically he worked in the Disability Support Services area within the Ministry of Health (and the Health Funding Authority before that).

More recently David was employed as GM, Planning and Funding for the Otago and Southland DHBs as they merged to form the Southern DHB.
Immediately before joining Access he worked as a contractor in various government departments on a range of projects generally in the fields of management and governance.
David's four years as a service provider with Access has coincided with considerable change occurring in the home/community support sector.
As well as experiencing this change with Access, one of NZ's largest homecare providers, David is in touch with the wider impacts on the sector in his role as a board member of the New Zealand Home & Community Health Association.

Jan Adams

Health Professional Representative

Current role: Acting Managing Director, Bupa Care Services New Zealand

Jan is a Registered Nurse and Midwife who trained in the UK and migrated to New Zealand in 1992.
She has extensive experience within both the UK and NZ health sectors including 18 years at the Waikato District Health Board where her roles included Director of Nursing and Midwifery and eight years as Chief Operating Officer.
She served on the Nursing Council of New Zealand for five years, including two as Deputy Chair, and was a member of the Inquiry into Neonatal Chest Physiotherapy practice at National Women's Hospital, and a member of the Nurse Practitioner development working group.
As Chief Operating Officer, Jan chaired the National COO meetings for three years and was a member of the Falls Advisory Group and Campaign Steering Group of the Health Quality and Safety Commission.
She took up her current position as Director of Nursing, Quality and Risk at Bupa Care Services, NZ in March 2015 and has responsibility for InterRAI within her portfolio.

Dr Judith Davey

Consumer Representative

Current role: Senior Associate, Institute for Governance and Policy Studies, Victoria University; Voluntary Policy Advisor Age Concern

Dr Judith Davey was Director of the New Zealand Institute for Research on Ageing (NZiRA from) 2002 to early 2007 and is now a Senior Associate of the Institute for Governance and Policy Studies at Victoria University.
Prior to 1991 she was the Deputy Director of the New Zealand Planning Council and has been a consultant on social policy and social research since the 1970s.
Judith is a graduate of London University and did her PhD at Durham University. Before coming to New Zealand, she was also a post-doctoral researcher at the University of Cambridge.
Judith's personal focus for research is the ageing of the population and its policy implications. She has researched income, transport and housing issues for older people and has published papers and reports on home equity release and intergenerational issues.
She has an extensive publication record, including academic papers, books and book chapters and commissioned reports and has provided advice to numerous policy-making bodies in the public, private and voluntary sectors.

Professor Matthew Parsons

Research Representative

Current role: Professor Medical and Health Sciences University of Auckland; Chair Gerontology Nursing, Waikato DHB

Professor Matthew Parsons has held the position of Clinical Chair in Gerontology, a Joint appointment between Waikato District Health Board and the University of Auckland since 2011.

He has a PhD and Masters in Ageing from Kings College London, an Honours degree in Psychology and Human Biology and is a Registered Nurse.

Matthew has been at the forefront of change in community services for over 15 years across multiple countries.

He has a particular focus on rehabilitation having been intrinsically involved in the implementation of community rehabilitation teams across multiple regions and countries.

He has published in excess of 80 peer reviewed journal articles and provides advice to numerous countries in relation to Home Care services.

Matthew is also secretary and member of the Board of Governance for the Waikato DHB Institute of Healthy Ageing.

Max Robins

ACC Provider Representative

Current role: Chief Executive Officer CHT and Deputy Chair NZACA

Max is CEO and a member of the Board of CHT, a provider of residential aged care across the Auckland and Bay of Plenty regions. He is also Deputy Chairman of the New Zealand Aged Care Association.

Max is a Fellow of the New Zealand Institute of Management, an Associate Fellow of the Australasian College of Health Service Management and a Member of the Human Resources Institute of New Zealand.

Max has been in his present role since 1999.

Prior to that he worked as Human Resource Manager for Taranaki Area Health Board from 1988 to 1991 when he was appointed as Chief Executive and was subsequently appointed Chief Executive of Taranaki Crown Health Enterprise in 1993.

Max trained as a psychologist and worked for 10 years as a vocational counsellor and then spent two years as Personnel Manager at Olex Cables in Taranaki before joining the Area Health Board.

Dr Nigel Millar

Clinical Representative and interRAI Fellow

Current Role: Chief Medical Officer, Southern District Health Board.

Nigel has recently been appointed been CMO for Southern District Health Board after holding the position of CMO at Canterbury District Health Board for just over ten years.

During this time he has participated in a transformational change to an integrated and connected health system.

A Geriatrician and Internal Medicine Physician by training – Newcastle UK – he came to Christchurch in 1992.

During ten years as Clinical Director of the Older Persons Health Service he participated in the Elder Care Canterbury initiative which created a unified and coordinated aged care community plus a series of successful improvement initiatives.

Nigel has led from the front in championing the implementation of clinical information systems – most lately a common shared record across the health service. The need for which was highlighted after the 2011 Christchurch earthquake.

As part of his work in aged care, Nigel has promoted the implementation of a standardised comprehensive assessment. Consequently the InterRAI assessment protocol is standard across the country in the community and currently being rolled out in residential care.
Nigel is a member of the National Health IT Board, an advisor to the Health Quality and Safety Commission. He is also the InterRAI Fellow for New Zealand and a director of the Health Round Table.
He continues clinical practice in Internal Medicine and Geriatrics. He is a committed lifelong cyclist and an advocate for active transport.

Roy Reid

Consumer Representative

Current role: Chair Age Care Committee, Grey Power

Roy's experience includes farm management and Manager of the Department Lands and
Survey /Land Corporation and has been based in the South Westland and Tasman areas for many years.
He has been held a range of roles in his community, particularly in agricultural and educational organisations, including the Canterbury Education Board.
He has also been an elected member of the Westland District Council, and National President of Grey Power, until his current role as National Treasurer of Grey Power and Chair of the Age Care Committee.
Roy is also Chair of the Golden Bay Health Group, Chair of the Golden Bay Grey Power Association, amongst other community positions.

Appendix 3: interRAI New Zealand Governance Board three-year rolling strategic plan

interRAI New Zealand – Future Direction 2016-2019

What is interRAI

The term interRAI refers to both the international organisation responsible for developing comprehensive clinical assessment systems and the suite of clinical assessment tools available.

interRAI is a not for profit organisation consisting of a collaborative network of clinicians and researchers on over 30 countries. interRAI international has a royalty free licence with New Zealand.

Each tool in the interRAI suite is developed for a specific population. The tools are standardised assessments designed to work together to form an integrated health information system.

interRAI in New Zealand

In 2003, the New Zealand Best Practice Guidelines *Assessment Processes for Older People* identified the interRAI assessments as the best assessment tools to meet the objectives in the 2002 *Health of Older People Strategy.*

In 2004, five District Health Boards (DHBs) piloted the interRAI home care assessment to identify implementation requirements.

In 2007, all DHB Chief Executives supported national implementation of the interRAI assessments for home and community.

In 2008, the interRAI National DHB Implementation Project (2008-2012) commenced.

In 2010 the DHBs, in conjunction with the Aged Care Association, agreed to support the voluntary introduction of interRAI assessment in ARC through a project (2011-2015).

In 2012, the Associate Minister of Health announced that interRAI would be the mandatory assessment to inform a resident's care plan for all ARC providers from July 2015.

New Zealand is now the first country in the world to have use of these home and community, and residential care tools nationwide. This quality, consistent approach to care planning for older people provides a solid platform to further enhance services delivered in our communities.

What are the benefits of interRAI

interRAI tools are internationally validated and share a common language; that is, they refer to the same clinical concepts in the same way across different tools. Using common measures enables clinicians and providers in different care settings to improve continuity of care and to integrate the care and supports needed for each individual.

The interRAI software displays information for clinical decision making and care planning. It highlights opportunities for improvement for the person and potential areas of decline and focuses on the creation of individualised care plans, which can lead to improved health outcomes.

The assessment software allows for the information captured to be collected once and used many times. The single national software platform means assessments can take place at the older person's current point of care and move with them to different care settings.

The data from each assessment may be aggregated to provide a range of outputs such as; clinical decision support tools, case-mix classification systems, quality improvement and benchmarking, monitoring measures, and screening algorithms to target priority groups or identify groups that are at relative risk of adverse outcomes.

interRAI New Zealand Governance Board

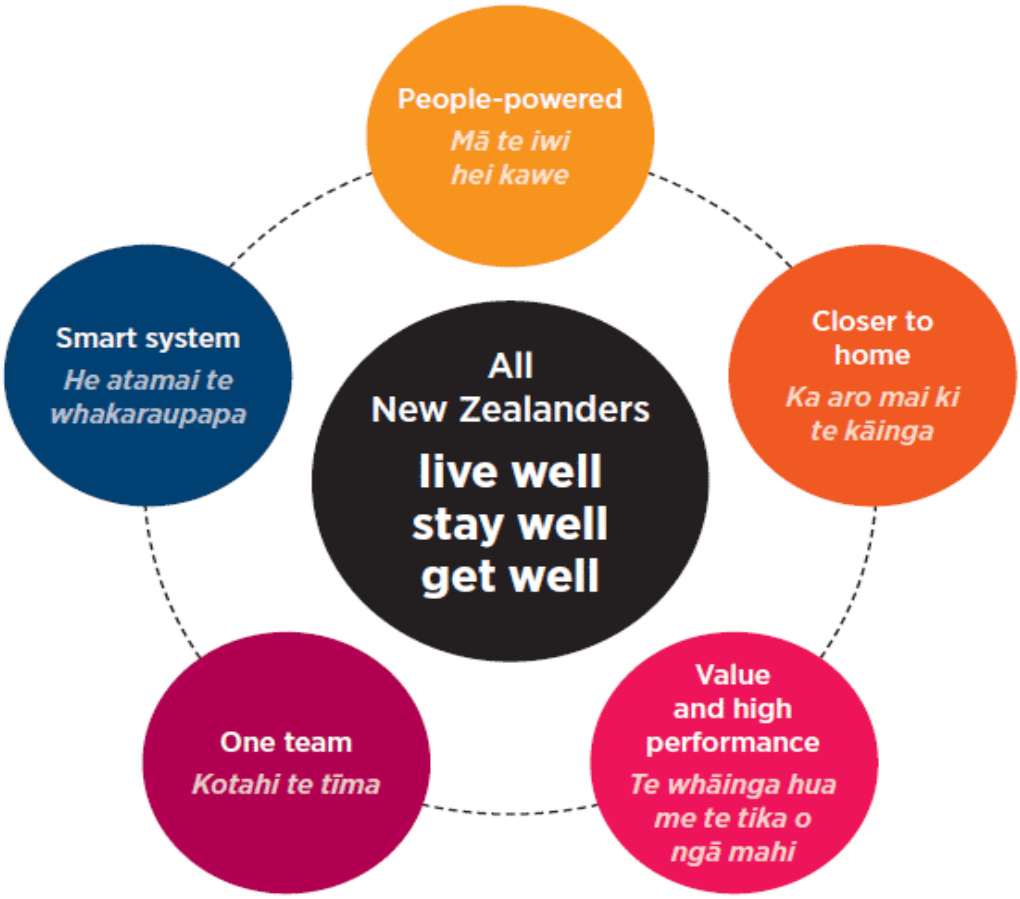
The Director-General of Health appointed the interRAI NZ Governance Board (the Board) to support the vision for interRAI in New Zealand. The Board is a governance board under the authority given to it by the Ministry of Health under the licence with interRAI international.
The primary purpose of the Board is

> *'The Governance Board members have been appointed by the Director-General of Health to provide leadership and oversight to interRAI New Zealand (interRAI NZ) to ensure the continuous improvement of 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.*
>
> *The Governance Board is a governance group with the authority to give direction and provide strategic governance for interRAI from a clinical, operational, and consumer perspective. The interRAI Governance Board will take strategic direction from the New Zealand Health Strategy and the Health of Older Persons Strategy.*

New Zealand Health Strategy – Future Direction

The New Zealand Health Strategy was refreshed and published in April 2016. This is the first refresh of the New Zealand Health Strategy since 2000, it sets the direction for development during the next 10 years.

The strategy has five interconnected strategic themes as shown below:



interRAI is a key tool to be used in working towards the vision for health in New Zealand and supporting implementation across the five strategic themes.

interRAI NZ – Future Direction

The interRAI NZ – Future Direction is a three year rolling strategic plan which will be updated each year. The Future Direction is based on the five strategic themes of the refreshed New Zealand Health Strategy and how interRAI can support the implementation of the strategy.

This three year plan is supported by the following key documents:

- MoU and Outcome Agreement with the MoH – Providing a national interRAI Service
- MoU between the interRAI NZ Governance Board and MoH – yet to be developed
- interRAI Services Business Plan 2016/17 - which describes the first year of delivery

The interRAI NZ – Future Direction 20167-2019 is described below in a one page format:

interRAI NZ – Future Direction

People Powered	Closer to Home	Value and High Performance	One Team	Smart System
Making New Zealanders 'health smart' Enabling individuals to make choices Understanding people's needs and preferences Supporting people to navigate the system	Providing care closer to where people live Integrating and making better connections Promoting wellness and preventing long term conditions Investing in health and wellbeing early	Striving for equitable outcomes Measuring performance well Building a culture of performance and quality improvement Using investment approaches to address complex health issues	Operating as a team in a high trust system Using our workforce in the most effective way Strengthening the roles of family, whanau and communities Collaborating with researchers	Taking advantage of new and emerging technologies Having data and smart systems that improve evidence based decisions Reliable, accurate information available at point of care Using standardised technology that allows changes easily and efficiently
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 – interRAI Vision				
BETTER ASSESSMENT, BETTER CARE, BETTER OUTCOMES – interRAI Mission				
12 months • actionable information from interRAI data will facilitate better understanding of older people's needs • interRAI data will be used to determine What works for older people? and Why?	• strategic partnerships that support the provision of integrated services for health service users established • capability and capacity for health professionals to deliver services where needed increased	• interRAI is viewed as the optimum tool for delivering increased value for older people • an evidence based approach to service development using interRAI data is embedded • interRAI data reporting is visible, available and valued • interRAI is providing effective value for money • stakeholder input is sought and valued in the development of interRAI	• interRAI training is flexible, responsive, accessible and available for all who seek it • a framework and guidance for the governance of current and new interRAI assessment tools in place • a position statement about the relationship between interRAI and case mix published	• interRAI tools support shared learning and promote knowledge and innovation to deliver better outcomes • interRAI information is used to inform national policy • insights from interRAI data provide new perspectives that can be linked to current knowledge • process for review of interRAI software provider underway
24 months • a redeveloped interRAI Maori strategy in place • consumers are able to access summary interRAI information via a patient portal	• interRAI information easily available to a wider group of clinicians (including Primary Care) • interRAI is interoperable with a range of systems across the wider social sector	• structured process in place for future expansion of interRAI to new care settings • national interRAI quality indicators in place in place informing and adding value to older peoples services	• relationships with research organisations in place to foster research using interRAI data and interRAI tools • interRAI education and support expanded across the care planning process	• interRAI is seen as an effective, smart system to support co-ordination and communication between health professionals • the benefit of linking interRAI data with other data sets is evident
36 months • assessment practice for older people meets best practice standards • further exploration of the Self Reported Quality of Life tool underway	• exploration of the interRAI Care Giver assessment underway	• interRAI data used to test scenarios and develop micro simulations for the future • interRAI data integrity mechanisms are enhanced	• professionals across the social sector are aware of the use of interRAI as a comprehensive clinical assessment • interRAI data and tools are used wherever available to inform research activity	• exploration of the relationship between the national health record and interRAI underway • interRAI software is more responsive and has greater functionality

Appendix 4: Key Documents

Data Access Protocol

National Data Analysis and Reporting Centre

Approved interRAI Data Access Protocols

March 2016

Purpose

1. This paper outlines the approved guiding principles that the National interRAI Data Analysis and Reporting Centre (the Centre) will follow in making decisions about granting unit record interRAI data access to any party. These guiding principles were approved by the interRAI New Zealand Governance Board, the Joint Aged Residential Care (ARC) Steering Group and the Health of Older People (HOP) Steering Group in March 2016.

2. Unit record level data requests refer to data requests at the client/resident, ARC facility, and home and community support provider level for all interRAI assessment types in the suite of interRAI assessments. Data requests at that level, therefore, involve greater risks for both clients and organisations to be identified from a privacy and security perspective.

3. In particular, the interRAI data access protocols set out:

   3.1 The guiding principles that will govern the interRAI data use and access.

   3.2 Provisions to safeguard the privacy, security and confidentiality of interRAI clients/residents, ARC facilities, and home and community support providers who have provided the data in the first place.

   3.2 Provisions for the publication and release of reports using interRAI data.

   3.4 The application process to access, store and use interRAI data.

Scope

4. The scope of the interRAI data access protocols includes:

    4.1 All unit record interRAI data requests made by any requesting party to the Centre.

    4.2 Data on all interRAI assessment types from the suite of interRAI assessments held in the Centre's database, i.e. Contact assessments, Home Care assessments, Long Term Care Facilities (LTCF) assessments and any other assessment types under development in New Zealand.

5. ARC facilities, ARC providers and District Health Boards (DHBs) are able to access their own interRAI assessment data via the interRAI software provided to them through the National interRAI Software Service. However, if ARC facilities and providers wish to receive their data analysed and packaged in a particular way that makes it easier for them to use, they can seek this service from the Centre.

Guiding principles to process data requests

6. The following outlines the approved principles that the Centre will follow in making decisions about granting access to unit record data to all parties. It also sets out the principles for the effective and efficient use, management, storage and publication of interRAI data.

Principle 1: Ownership of the data

7. All interRAI data collected in New Zealand on individual clients/residents, ARC facilities, and home and community support providers remains the property of the participating clients/residents. The interRAI New Zealand Governance Board acts as guardian of the interRAI data on behalf of interRAI New Zealand.

Principle 2: Kaitiaki/Guardianship of the data

8. Once the requesting party receives access to interRAI data, it will act as guardian of the interRAI data collected from clients/residents, ARC facilities, home and community support providers and will ensure:

    8.1 that the data is held and used in accordance with the principles and provisions of the proposed protocols.

    8.2 that the data is analysed, interpreted, reported and published in culturally appropriate ways.

Principle 3: Privacy of interRAI clients/residents, ARC facilities, home and community support providers

9. The data collected from and about interRAI clients/residents, ARC facilities, home and community support providers is used for purposes of quality improvement, research purposes, strategic service planning and development and ultimately to improve the health outcomes of older people.

10. The privacy of individual clients/residents, ARC facilities, and home and community support providers must be preserved at all times.

11. Any interRAI client/resident who has not consented for his/her personal information to be used for analytical or research purposes must be excluded when making unit record data available to any party.

12. Once a requesting party receives access to interRAI data, it must comply with the Privacy Act 1993, Section 22 of the Health Act 1956, the Health Information Privacy Code 1994, the Statistics Act 1973 (section 37) and any other relevant legislation.

Principle 4: Security of interRAI data

13. Once the Centre approves the data access, interRAI data will be transferred by secured transmission processes to the requesting party.

14. Once interRAI data is received, the requesting party must keep the data safe by using a secure data network. All information (e.g. National Health Index of clients/residents) will be encrypted during transfer, and only authorised users will be able to access it.

15. When the study is completed, the requesting party will take the necessary steps to destroy the data from their network in a timely fashion. The requesting party will inform the Centre once this is done within 12 months of the completion of the study.

Principle 5: Confidentiality when disseminating interRAI data

16. When the requesting party publishes any analysis or reports[2] from the use of interRAI data, no individual client/resident, ARC facility, and home and community support provider should be able to be identified. The requesting party must ensure that release of interRAI data complies with the Official Information Act 1982, Privacy Act 1993, Health Information Privacy Code 1994, and any other relevant legislation.

[2] Analysis and reporting may include tables of data, data cubes, journal articles, conference abstracts and presentations, theses or dissertations.

17. The requesting party must acknowledge the use of interRAI data by quoting the source as agreed by interRAI New Zealand and the Ministry of Health (MoH).

Principle 6: Linking interRAI data with other datasets

18. interRAI data can be linked at various levels to a number of other health datasets such as Pharmacy, National Minimum Dataset (NMDS), mortality, hospitalisation to name a few.

19. The requesting party must explicitly state the data sources he/she intends to link interRAI data to in his/her application for data request. Data linkages are encouraged as long as the provisions in Principles 3, 4 and 5 are maintained.

How to process data requests

Applying to get access to interRAI dataset(s)

20. To apply for data access to the interRAI dataset(s), a requesting party must contact the National interRAI Data Analysis and Reporting Centre by emailing interRAI_Data@CentralTAS.co.nz for an application form (see Appendix 1) and information on the supporting documentation that must be attached to the application form. The supporting documentation required is as follows:

    20.1 A project proposal outlining the study the requesting party intends to carry out using the data. The project proposal should highlight any data linkages intended with other health datasets.

    20.2 A Health and Disability Ethics Committee (HDEC) approval[3].

    20.3 A list of interRAI assessment variables required for the study.

    20.4 Contact details for the requesting party. The Centre expects that the requesting party has the skills and experience to use interRAI data and are aware of the principles and provisions of the data access protocols.

    20.5 A statement setting out where and when it is proposed that the results of the study will be published (the Dissemination Plan).

[3] The Health and Disability Ethics Committee (HDEC) provides protection for participants in study in the health and disability sector. A study is likely to require HDEC ethics approval if it involves the use of human tissue samples, human participants or disclosure of health information. Institutional ethics committees are established by tertiary educational institutions. Most study reviewed by university-led ethics committees are not health related. See https://www.auckland.ac.nz/en/about/study/re-ethics/health-and-disability-studyethics-committees.html#e67fac2ab6efbd3e939ee6d6ec2bb408 for more information on whether a study requires HDEC ethics approval.

20.6 A copy of all papers and reports that have been produced and disseminated as part of the Dissemination Plan.

21. Aside from the above, the following processes must also be followed:

21.1 The Centre will contact the requesting party 6-12 months after the data release for a progress report (either via a written report or a presentation).

21.2 At the end of the study, the requesting party is required to destroy all copies of the data and communicate that this has been done to the Centre.

When a data request application form is received

22. Once a data request application is received, the Centre will review the application subject to the guiding principles and make a recommendation to the General Manager, interRAI Services for a decision.

23. The Centre expects that the time frame to process a unit record data request will be approximately a month, assuming all documentation has been submitted.

When there is a breach of data access protocols

24. Once a breach of the data access protocol is identified, the Centre will immediately carry out a risk assessment of the breach and will take necessary steps to minimise the identified risks. The Centre will inform all parties of the breach including informing the interRAI New Zealand Governance Board and the MoH.

25. As a result, the Centre may recommend to the General Manager interRAI Services to grant no further access to interRAI data to the requesting party.

26. If the breach is not resolvable from within TAS, the General Manager interRAI Services will raise the matter with the interRAI New Zealand Governance Board Chair and where appropriate Board members. The interRAI New Zealand Governance Board will take the necessary steps to minimise risks and issue instructions for actions to be taken accordingly.

What is the cost for processing data requests

27. The Centre is in the process of developing a pricing policy for charging a requesting party for data requests, depending on the level of the requests and the analytical time required in producing the information. This process will be in line with other agencies such as the MoH, Statistics New Zealand and the Canadian Institute of Health Information (CIHI).

Appendix 4: Key Documents

interRAI New Zealand Governance Board Position Statement on interRAI and Casemix in New Zealand

Background – What is casemix?

Casemix refers to the range and type of patients treated by a hospital or other health services. A system of output groupings are used based on the clinical coding for the admission or other health service contact and possibly other characteristics of the patient or the event. The concept of casemix is very general and can apply to a wide selection of health services. Examples include hospital admissions for medical or surgical events and resource planning based on indexing of the results of assessments of functional capability (interRAI).

The purpose of casemix is to classify people into groups that are similar in care needs so that the costs of services and supports required within each group are similar. Casemix is a useful way of describing the pathways of people using health services and their likely resource use. The value of which is to allow pathways to be developed based on best evidence. Casemix also enables quality frameworks to be developed, resource intensive caseloads to be identified and more appropriate funding mechanisms to be established.

The National Minimum Data Set (NMDS) is a major source of information for casemix systems and plays a significant role in the planning of health services for New Zealand.
Casemix systems are well established in hospital based health services.

Casemix and interRAI

There are challenges in establishing a casemix system for services delivered in the community. Some of the challenges being the range of services provided, the collection of standardised information, length of episodes of care and the availability of informal care. Casemix tools for Home and Community services have been developed in New Zealand but to date none have been used on a national basis.

The implementation of standardised interRAI assessment tools across home and community services and aged residential care for older people in New Zealand has facilitated the opportunity to use or develop a single standardised casemix system to assist with:

- funding formulae
- resource or staffing plans
- benchmarking and
- evaluation

InterRAI NZ Governance Board Position on casemix

The interRAI NZ Governance Board (the Board) supports the development of a single case mix system across the services where interRAI assessment is currently in place that is home and community care and aged residential care services for older people.

The Board encourages the development of a single standardised casemix system using interRAI data to increase equity, improve quality and reduce disparity across New Zealand in the delivery of home and community and aged residential care services to older people.

The Board supports the development of a single standardised casemix system using interRAI data where the system is to be used in a fair, equitable and transparent manner.

The Board supports the development of a single standardised casemix system using interRAI data where the focus is on improving the quality of home and community care and aged residential care service delivery.

The Board supports the development of a single standardised casemix system using only New Zealand interRAI data.

The Board supports the development of a single standardised casemix system using interRAI data, where the interRAI data algorithm is standardised, consistent and controlled at a national level. If a single standardised casemix system using interRAI data is developed the Board expects the algorithm to be subject to publicised research and peer review and be publically available.

Appendix 5: About TAS

Central Region's Technical Advisory Services Ltd (TAS) was established in 2001 by its shareholders, New Zealand's six Central Region District Health Boards (DHBs). In 2011, TAS joined with DHB Shared Services and now provides services both nationally and regionally.

TAS' vision is to be a highly respected professional services organisation delivering high quality management services to New Zealand DHBs and other health organisations.

Providing value to our customers and stakeholders is at the centre of why TAS exists.

TAS partners and collaborates across the health sector to provide comprehensive and connected services, advice and expertise that support the sector to achieve its health care targets, enhance services and improve health outcomes for all New Zealanders.

TAS was appointed as the national provider of interRAI Services in July 2015.