



Interpreting your interRAI Quality Indicators Report

Module 4 interRAI Quality Indicators in Aged Residential Care



Types of reports

- Layered – national level through to facility level
- Reports by level of care
- Securely available through SharePoint
- Each reader gets own report: One report with five charts
- National average shown
- Previous quarter shown

Responding to reports

- Quality indicators are developed in ways to **balance the findings**, for example resident falls are reported at the same time as the facility's use of restraints and either or both of the indicators could have a different quality rating.
- You will **not** see a single a rolled up summary quality score of all the indicators like a hotel or restaurant rating system.
- Quality indicators may be **variable** within an individual facility, look at the pattern over time
- Reports are developed **for different audiences** and not all stakeholders will see all reports.
- A report will show the reader their indicators compared to similar facilities/levels/Districts.

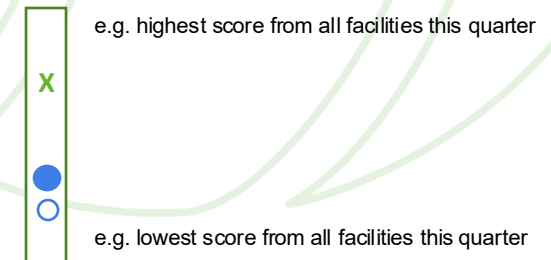
What you will see on the report

The top of each report will identify who it is for, such as a national report for dementia care. The bottom of the chart lists the quality indicators and there is an icon above each indicator. You will see shapes next to each indicator along a percentage scale; for example

- This is you now
- This is you last quarter
- ✕ This is the national average
- ✕ This is the national average last quarter

▮ This is the range between the highest and lowest facility

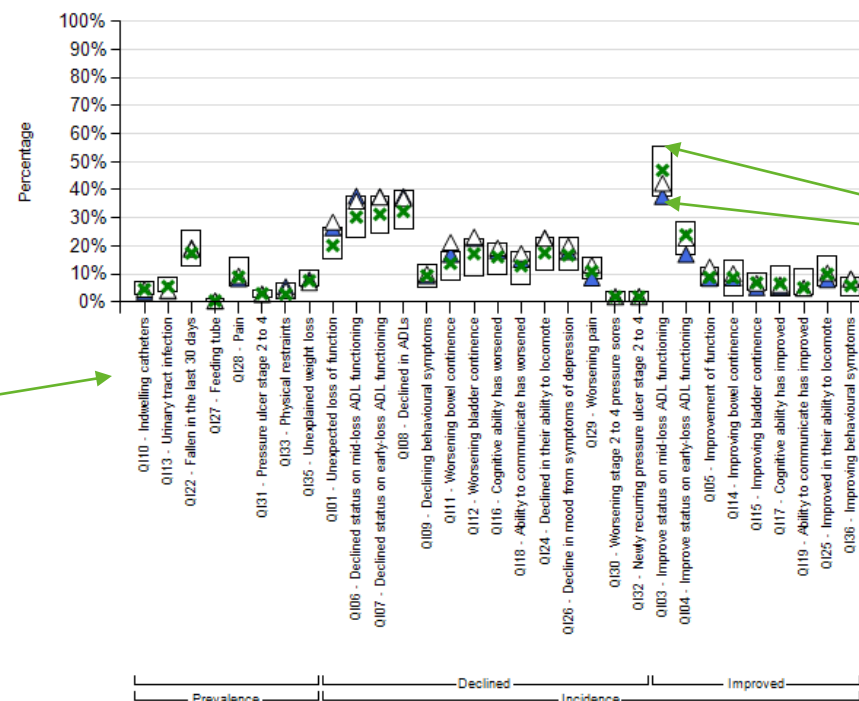
They will be combined on the report, see the example here:



What you will see on the report

InterRAI Quality Indicators, Capital and Coast DHB, October to December 2017

Care Level Group: All



These columns list the quality indicators and there is an icon above each indicator.

Each report will show the reader what each icon means.

The top of each report will identify who it is for, such as a named District report aggregating all care levels

This is the range between the highest and lowest facility, for example, highest score from all facilities this quarter

Understanding prevalence and incidence

The bottom of the chart lists the quality indicators separated into prevalence, declined incidence, and improved incidence.

- For Prevalence rates – a **lower pattern** of scores is preferable over time
- For Declined Incidence – a **lower pattern** of scores is preferable over time
- For Improved Incidence – a **higher pattern** of scores is preferable over time

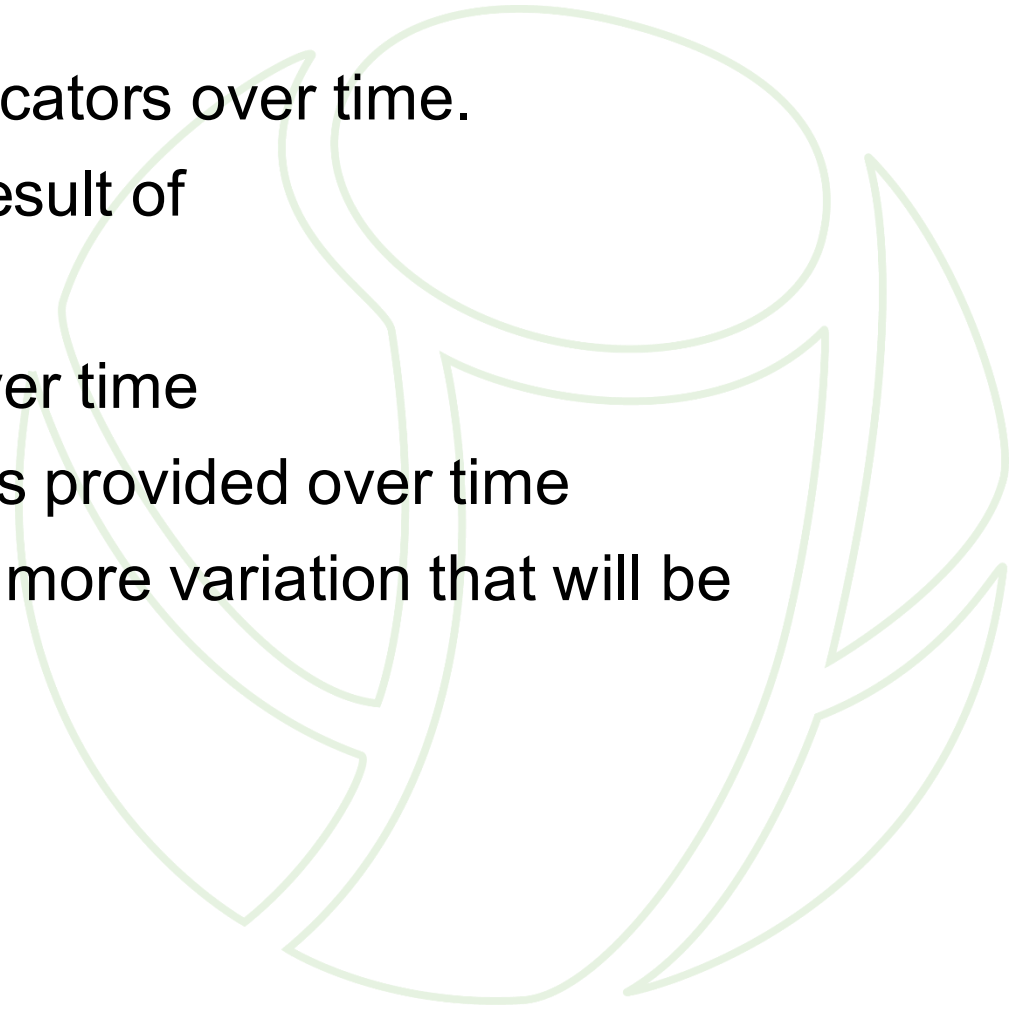
This means that not all quality indicators will or should change in the same direction over time.

Cause and effect

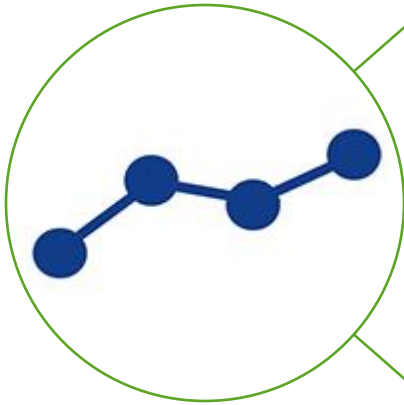
Expect to see **variation** in your clinical indicators over time.

There will be some normal variation as a result of

- change over of residents
- the differences in residents' conditions over time
- the differences in facility policy or services provided over time
- the smaller the numbers in the report the more variation that will be expected.

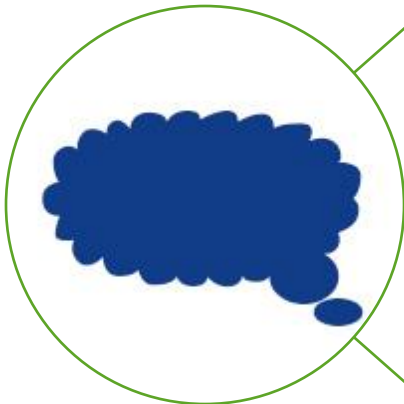


How you can respond to the report



Consider your performance compared to the reported average and previous quarter

- are trends in the right direction?
- what underlying factors may have led to the results?
- do others involved in care feel the report is consistent with their experience?
- you may choose to use this information for your certification audit.



Use the results to inform your quality plan

- is there an area/s to prioritise in your quality efforts?
- do you need to develop strategies to change your practice patterns in the facility?
- are there any targets to set for your performance improvement?
- share with the care team the indicators that signal that you are excelling.