

The **Long Term Care Facility** tool is presently being rolled out in rest homes throughout NZ with the aim of it being fully implemented within four years. Other assessment tools available include:

- **Acute care**
- **Assisted living**
- **Community mental health**
- **ED screener**
- **Palliative care**

Any DHB could drive the implementation of these tools as long as it is a coordinated approach and the tool could be used at any DHB in NZ.

So instead of being simply a Needs Assessment and Service Coordination (NASC) tool, an interRAI assessment could be the assessment of choice that is carried out on any older client regardless of their environment. It would become a shared electronic working document that follows the client from primary care, through secondary services, long term care establishment and even palliative care.

Different levels of access can be set up so that a multi-disciplinary team can complete their relevant sections of the assessment, read only access, and access to continuation notes could be established.

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Implementation of interRAI

(International Resident Assessment Instrument)



interRAI is an international collaborative to improve the quality of life of vulnerable persons through a seamless comprehensive assessment system.



Implementation of the interRAI assessment tools in Waikato DHB and throughout New Zealand

The interRAI assessment is an electronic assessment tool used in the management of older clients and those deemed as being of like in age and interest. It started as a Rest Home Assessment Instrument used in Canada and the US, but has now evolved into a suite of assessment tools that can be used on any older client in any environment. Its development has involved a network of researchers in more than 30 countries and the assessment tools are used throughout the world.

Why - to promote evidence-based clinical practice and policy decisions.

How - through the collection and interpretation of high quality data about the characteristics and outcomes of persons across a variety of health and social services settings.

Ministry of Health drove the use of the **Contact Assessment** and **Full Assessment**, so that by 1st July 2012 the assessment tools were in use for all needs assessment and service coordination throughout New Zealand.

At Waikato DHB we trained our staff, that included administration, assessors, coordinators and managers and completed more than 2000 assessments.

Qualifications - In order to become an interRAI assessor you must be a registered health professional and go through a certification process that involves training, assessment competencies, and taking a series of online coding exams. This process is audited with assessments marked periodically so that standards are maintained and it becomes a nationally recognised qualification.

Client Assessment Protocols (CAPs) - The full assessment triggers up to 30 CAPs when the assessment shows the individual has potential for improvement in function by active management of the individual CAP. These are problems and opportunities based on the questions the client answered. These CAPs cover all aspects of that client's well-being, social determinants of health such as carer stress as well as more clinical problems such as rehabilitation potential, continence issues, falls risk etc.

Outcome scores - Algorithms within the assessment also trigger a number of outcome scores which also support the clinician's decision making. The scores include activities of daily living, depression, depression, cognition and pain scales.

Cross population of information - The information from each assessment populates the next assessment so a trend develops reflecting how the client progresses and saves them repeating their story every time they are assessed.

Case management on the triggers - The CAPs and outcomes scores can appear in a table format along with other items within the client summary report. An increase or decrease in the number of items triggered and the scores recorded over time will reflect changes for that client and support clinical decision making.

Reference data - As it is an electronic assessment, all of the questions within it are reference data that can be used for statistical purposes. We will move from having a conceptual idea of what our older population needs to real evidence that supports policy decisions and service delivery. For example of the 1400 clients aged 65 and over we initially assessed, 50 percent had fallen in the 90 days prior to assessment and 30 percent limited going outside as they were frightened of falling.

This data will make us accountable for how effectively we are managing our clients as individuals and our population. At reassessment we would be looking to reduce the incidence of triggered problems such as falls.

Looking to the future - Ministry of Health purchased all of the interRAI assessment tools. The Community Health Assessment were in use in all DHBs by the end of 2012.