

InterRAI experiences, benefits and the challenges from a Residential Care provider perspective

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Spirituality

Overview

1. The Selwyn Foundation
2. Journey towards implementation
3. What our Care Leads are saying now about interRAI
4. Questions

Our Villages



Selwyn Village, Point Chevalier



Selwyn Heights, Hillsborough



Selwyn Oaks, Papakura



Selwyn Park, Whangarei



Selwyn Sunningdale, Hamilton



Selwyn Wilson Carlile, Hamilton



Selwyn St Andrew's, Cambridge



Gracedale Home & Hospital, Mt Roskill



Hansen Close, Birkenhead

Everything to do with caring for older people

Charity (three key priorities)

- Loneliness and social isolation
- Social housing
- Hardship support

Learning

- The Selwyn Institute for Ageing & Spirituality

Community

- Community care

Villages

- Integrated villages providing continuum of care



Selwyn's InterRAI journey

Journey towards implementation

- While supportive of interRAI , Selwyn was not an early adopter
- LeeCare in place in our biggest Village, ready for roll out.
- Late 2012 - Accelerated mandatory implementation announced
- 30 June 2014 all aged care facilities needed to be participating in training and use of interRAI LTCF.
- 1 July 2015 the use of the LTCF assessment tool as the facilities primary assessment mandatory
- Commitment for funding beyond 30 June 2015 for resourcing training, software costs, system hosting, analysis and reporting and for coordination support.

In support of interRAI

Because of the benefits we could see

- Standardised and evidence based tool across the sector
- Standardising language between different health disciplines and providers
- Powerful data collection tool for quality improvement initiatives
- Visibility of care needs/ case mix in a facility

?How would it work - how does it effect the way we work and provide care

Systematic approach to implementation - Bupa/Selwyn demonstration project goals (2014-15)

- To explore the effectiveness and affordability of in-house training
- Impact of interRAI on the existing care planning system
- How to use the data for quality improvements

Key findings then

- interRAI benefitted the care planning process
- Implementation involved a significant disruption to the established model of care - process and procedures
- The Internal training helped with the above - however the alternative was a retraining when nurses come back from DHB training
- The national platform interoperability issue with our exciting electronic system means that nurses duplicate some work
- Using the data for quality improvement was not possible yet and depended on the development of the national reporting service
 - Meanwhile national report was published
 - Individual facilities or providers reports are available upon request

InterRAI as
experienced by our
Registered Nurses

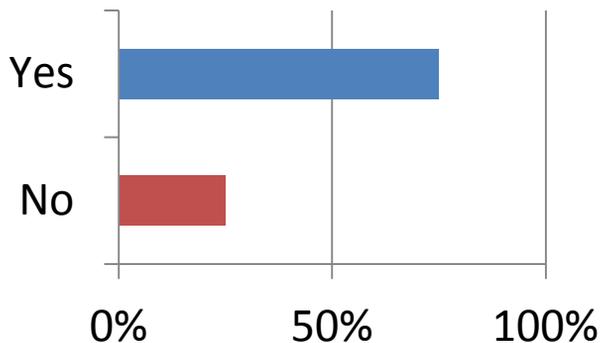
now

Survey involving the Selwyn Care Leads

Questions asked related to

- Resources - Registered Nurses, time and workload
- The process integration
- Benefits and frustrations
- How interRAI changed care planning
- Did it improve the quality of care
- Certification and spot audits implications

In your facility are there enough RN's who are interRAI competent?



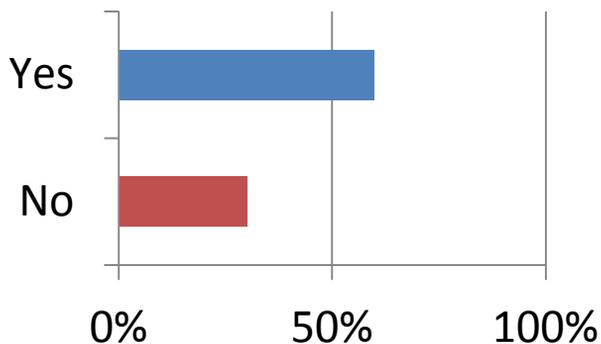
If No why not

Turn over of RNs especially in a small facility or rest home where there are fewer nurses if one leaves employment this leaves a gap

How has interRAI changed the way assessments and care planning is done in your facility

1. More time needed to complete the process + +
2. Double up of some entries and assessments because limited interoperability of the Selwyn electronic system and the national interRAI platform
3. interRAI triggers now guide care planning
4. interRAI helps the early identification of potential care issues

In your facility has interRAI improved the quality of care?



If No why not

- Issue with interRAI competency of specific nurse
- Care provision was already of good standard and depends more upon staff - resident relationship than the care plan

How has interRAI changed the provision of care in your facility

1. There is more detailed information available to act upon, improved the quality of care plans
2. It reduced the time nurses have available for hands on nursing “on the floor”
3. Excellent tool for less experienced RNs enabling them to zoom into important issues
4. Not changed the provision of care

In your facility, what is the recommended approach to assure the completion of interRAI assessments?

1. Registered nurses are allocated a number of care plans (primary nurse) they are responsible for and will alert when interRAI assessment is due for the interRAI competent nurse (interRAI nurse) to plan “off the floor” time.
2. Have in the roster allocated “off the floor” days for nurses to stay on top of the assessments +++

How much time is allocated?

- Initial **admission** assessments and documentation by primary nurse (PM) **1 hour**
- interRAI completion of assessment by interRAI (IN) nurse **4 hours**
- Lifestyle care plan, traffic lights and long term care plan, care meeting by PM **4hours**
- **6 monthly reviews** by IN - **2 - 3 hours**
- Updating long term care plan and hold care meeting **3-4 hours**

What do you see as benefits and frustrations ?

Benefits

- Easier for nurses to create care plans especially new RN
- Focusses nurses on issues quickly
- Very comprehensive assessment

Frustrations

- Requirement of yearly interRAI competency renewal - ongoing training
- When interRAI trained nurse leaves employment
- Non-interRAI trained health practitioners do not understand how they could use the interRAI outcomes
- GP continue to require from nurse old assessment outcomes
- Accuracy of input of high importance
- RN needs uninterrupted time and quite environment

Thank you

