Sequencing interRAI Community Assessments

Preparation for Transitioning to the new National Framework for Home and Community Support Services

Some Districts and Home and Community Support Service (HCSS) providers have asked interRAI Services to reconsider the guidance provided in the *Selecting an interRAI Assessment Type - Which interRAI assessment to use and when to use it* document, specifically in relation to the sequencing of interRAI community assessments in preparation for the transition to the National Framework for Home and Community Support Services.

interRAI assessments are selected depending on the perceived level of client need. A Contact Assessment (CA) following a Home Care (HC) assessment is contraindicated as the CA is designed for clients with non-complex needs and a HC assessment reflects complex needs. The exception being clients who receive a CA as part of their discharge from hospital who are acutely unwell and are expected to recover significantly.

The Request

The request largely relates to efforts to improve national consistency and equity, most notably through a new case mix roll out as part of the HCSS National Framework activity. However other requests relate to the individual DHB or provider model of care:

- Some Home and Community Support providers do not have staff or contracts that allow Home Care (HC) re-assessment to be completed.
- Some DHBs previously elected not to use the Contact Assessment (CA) and all clients have received an HC (an HC signals automatic entry to a complex case mix group in the new framework).
- Sometimes assessors initially perceive complexity to be greater than needed and assess with a HC when a CA would be sufficient.
- Sometimes the assessment type used is based on the referral point of entry rather than the complexity of the client.

Selecting an interRAI assessment type -Which interRAI Assessment to Use and When to Use It *(www.interrai.co.nz)*

The *Selecting an interRAI assessment Type - Which interRAI assessment to use and when to use it* document recommends best practice whereby a person receives an interRAI assessment that most closely matches their perceived need. That is, a CA before a HC assessment. This is based on the following:

- interRAI community assessments focus on differing levels of complexity or need; the CA is designed as a screening assessment or for clients with low levels of need, through to the HC assessment designed for clients with complex needs. The Community Health Assessment (CHA) sits midway and has the capacity to consider specific issues such as mental health concerns.
- Existing health conditions and/ or the ageing process itself make it more likely that home and community support needs will increase with age and one value of an interRAI assessment is to identify need early to maintain or improve function – clients receiving long term supports with complex needs do not generally become clients with non-complex needs.

- interRAI assessment is not just to identify a response to a HCSS need. The need identified may be responded to with information or services that are wider than the scope of home and community support services.
- Aggregated data from appropriate interRAI assessment selection helps inform the understanding of health inequities, aligning to the principles of Te tiriti o Waitangi.
- Assessments match acuity to inform appropriate care planning e.g., a CA provides insufficient information to plan adequately for dementia care.
- There are decision support algorithms built into each assessment that indicate the need for assessment at a higher level of need. For example, in the CA an Assessment Urgency Score of 4 or more signals that a HC assessment is needed, or if the Community Health Assessment (CHA) is used the supplement will trigger if further assessment is required.

Current Process (from HCSS Service Manual)

If during an CA a client's Urgency for Assessment algorithm triggers an urgency of 4, they may remain noncomplex or be moved upward to complex, and therefore require an HC assessment. Where clinically practical and safe, the client should be managed within the non-complex case mix group. To make this decision the Registered Health Provider (RHP) /Clinical Assessor needs to determine that supports provided will enable the client to be managed safely, achieve greater stability of their condition or functional ability and if there are sufficient natural support in the home to ensure the client can safely achieve their goals.

The Clinical Assessor uses clinical judgement to decide if a CA with urgency score of 4 requires them to complete a repeat CA at next assessment or refer the client to the NASC for a Home Care assessment.

Recommendation

A short-term deviation from best practice is needed to support long-term system change to improve national consistency and equity. To support the National Framework case-mix roll out, and address previous inconsistencies between DHB models of care, interRAI NZ agrees that an interim provision of completing a CA after an HC would be acceptable, for this specific aim, if required.

It is anticipated that in 24 months (July 2023) all DHBs will be operating to the new HCSS framework. The national data will provide insights into how the new framework is impacting equitable health outcomes. It will also reveal the return to best practice assessment selection.

Evaluating the change

interRAI NZ commits to providing quarterly reports of assessment numbers to HOP portfolio managers and NASC managers during this time which would highlight the shift to national consistency.

interRAI NZ Education and Support Services will provide training of new assessors and the quality review process of competent assessors with these temporary arrangements in mind.

Version control

Version 3. 5th April 2023. Revised reference to the *Which interRAI Assessment and When to Use it.* This document has now been replaced with *Selecting an interRAI Assessment Type*. Documents referenced together for users to adapt to new document naming convention.

Version 2. 23 August 2021: Revised paper following Health of Older People (HOP) Steering Group requested changes. Sent to HOP on 23 August 2021

Version 1. 4 August 2021: Paper submitted to Health of Older People Steering Group 17 August and accepted with minor changes recommended.