

South Island interRAI Summary Report: Home Care

Reporting Period: 2014/15 – Fiscal Quarter 3

Canterbury DHB

Nelson Marlborough DHB

South Canterbury DHB

Southern DHB

West Coast DHB

Report Purpose:

The purpose of this report is to provide basic summary data obtained from the completion of interRAI assessments across the five South Island DHBs. It includes the following information:

- **Total Assessment Volumes**
- **Reasons for completion of assessments**
- **Assessments completed in 5yr age bands**
- **Ethnicity of individuals receiving assessments**
- **Outcome Scores:**
 - o MAPLe – Method of Assigning Priority Level
 - o CHESS – Changes in Health, Ends Stage Disease, Signs and Symptoms
 - o CPS – Cognitive Performance Scale
 - o ADL Hierarchy Scale – Activities of Daily Living
- **Specific interRAI Questions:**
 - o Bladder Continence
 - o Bowel Continence

Reporting Period: Quarter 3 (1 January to 31 March) 2014/2015

Additional Notes:

- *All data should be interpreted in consideration of the model of care used in each DHB.*
- *This report uses data available from all interRAI Home Care and Contact Assessment assessments completed across the five South Island DHBs there has been no attempt to separate out the various types of assessment available or location the assessments have been completed i.e. in the Community or Inpatient setting.*
- *The report was prepared for the South Island Health of Older People Service Level Alliance - HOPSLA.*
- *Speak to your local interRAI Lead Practitioner or Systems Clinician if you have any feedback about this report*

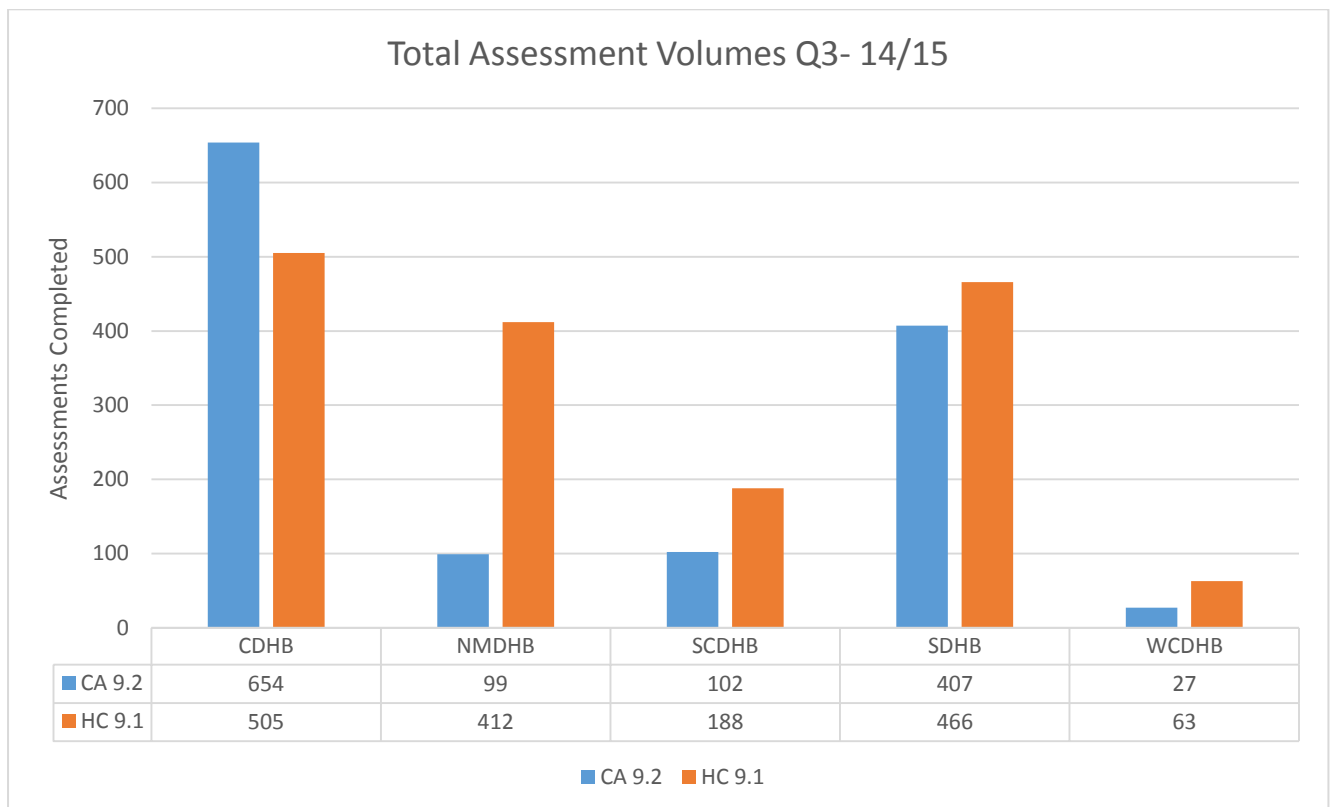
Assessment Volumes

The following volumes are based on all interRAI Home Care 9.1 and Contact 9.2 assessments completed across the five DHBs. The MoH requires a comprehensive assessment to be completed for all persons over 65 (or close in age and interest) receiving publically funded supports in both the community and residential setting. The interRAI suite of assessments are used for comprehensive assessment.

Table 1 - 65+ Population Based on 2013 Census Data

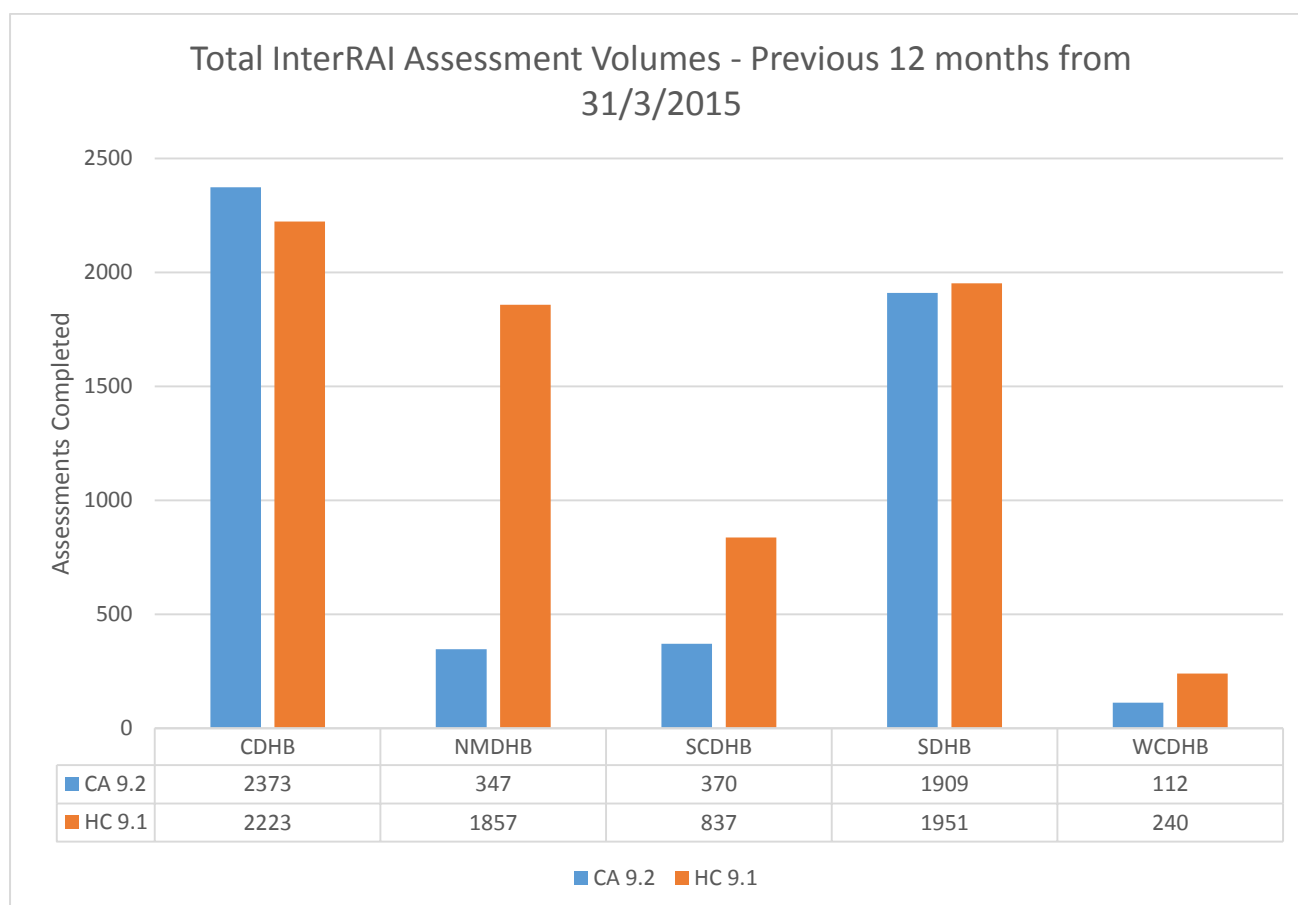
DHB	Assessment Type	2014/15		Approx. DHB 65+ Population	% of 65+ Population
		Q3	Total p/a		
CDHB	CA 9.2	654	1887	72192	2.61%
	HC 9.1	505	1721		2.38%
NMDHB	CA 9.2	99	253	25476	0.99%
	HC 9.1	412	1433		5.62%
SCDHB	CA 9.2	102	284	11343	2.50%
	HC 9.1	188	692		6.10%
SDHB	CA 9.2	407	1455	46623	3.12%
	HC 9.1	466	1614		3.46%
WCDHB	CA 9.2	27	85	5181	1.64%
	HC 9.1	63	210		4.05%
Grand Total			9634	160815	5.99%

Graph 1.



Total interRAI Assessment Volumes - Previous 12 Months as at 31/03/2015				
DHB	Ax Type	Total Ax Completed	Approx. DHB 65+ Population	Approx. % of 65+ Population Assessed
CDHB	CA 9.2	2373	72192	3.28%
	HC 9.1	2223		3.07%
NMDHB	CA 9.2	347	25476	1.36%
	HC 9.1	1857		7.28%
SCDHB	CA 9.2	370	11343	3.26%
	HC 9.1	837		7.37%
SDHB	CA 9.2	1909	46623	4.09%
	HC 9.1	1951		4.18%
WCDHB	CA 9.2	112	5181	2.16%
	HC 9.1	240		4.63%
Grand Total		12219	160815	7.59%

Graph 2.



The reasons for differences in volume between regions are untested, but different models of care implemented may account for some of the variance. CDHB and SDHB use case mix models which involve a greater use of contact assessment. West Coast has recently moved to a case mix model. SDHB has been catching up on InterRAI assessments of existing clients who have not had an interRAI assessment, so the volume does not yet represent routine activity. NMDHB and SCDHB have a non-case mix model.

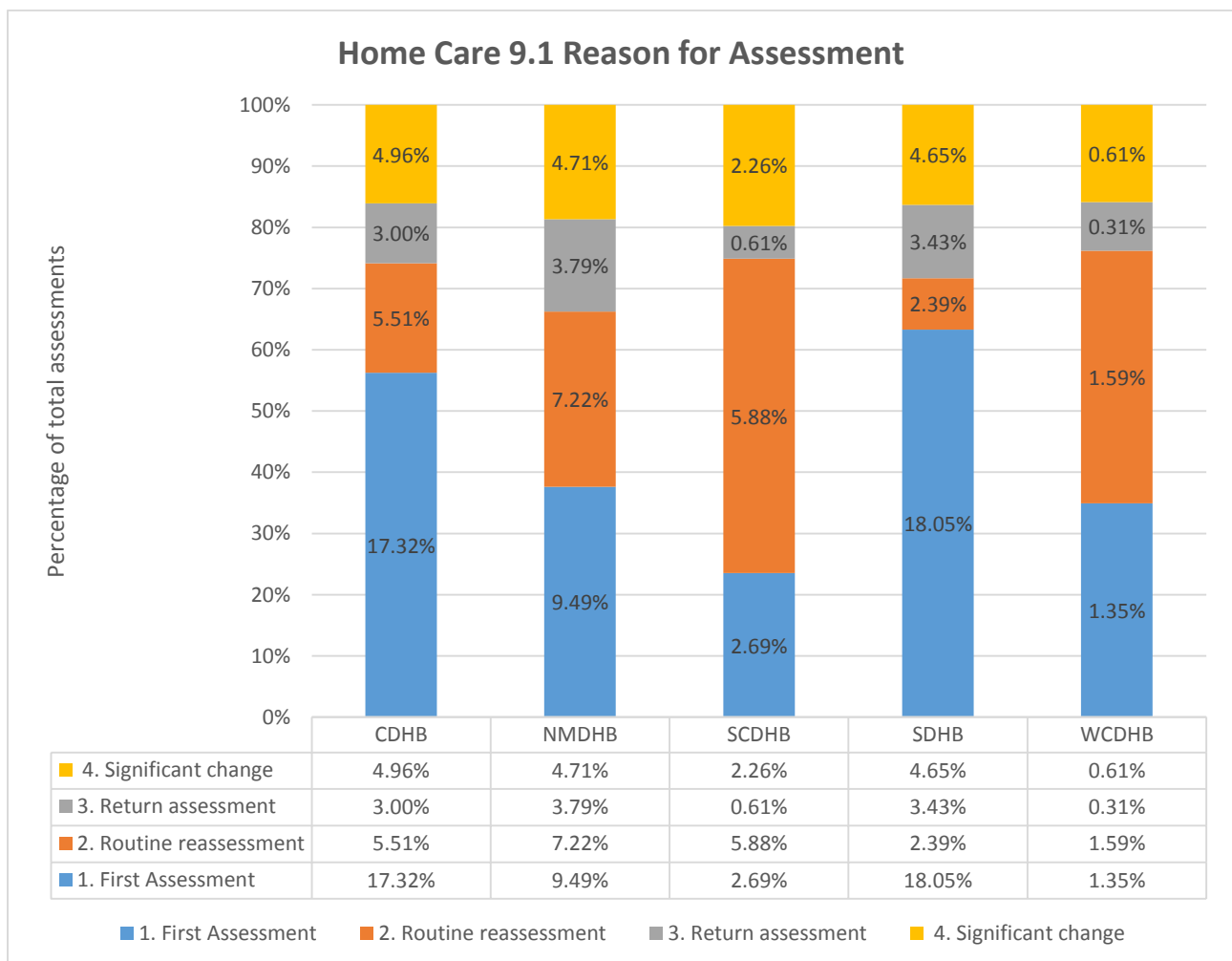
Reason for Assessment

The interRAI Home Care assessment will be conducted for a variety of reasons including:

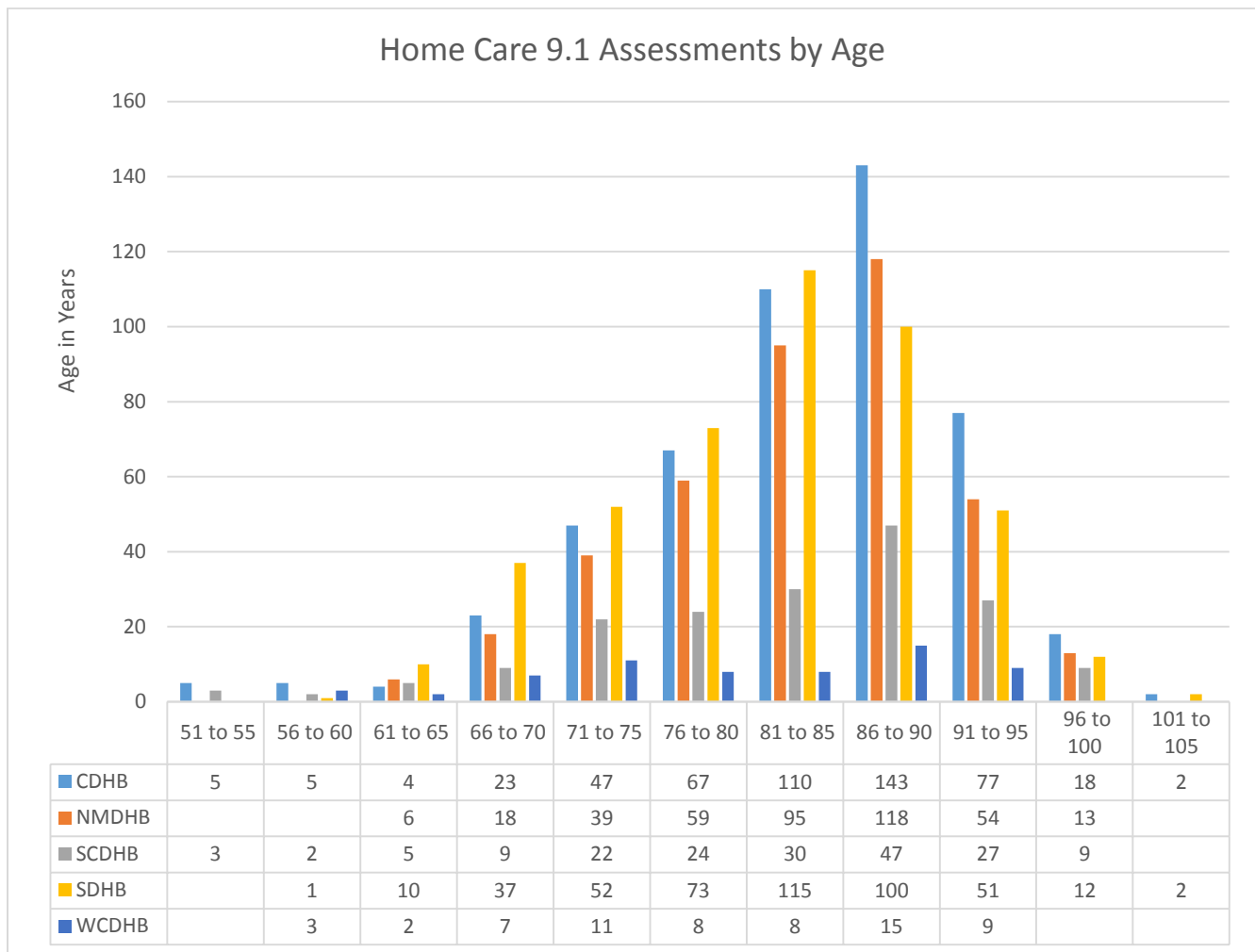
Assessment Type	Description
First Assessment	Completed at the time of entry into or determination of eligibility for a home care system
Routine Reassessment	An assessment conducted at regularly scheduled intervals
Return Assessment	An assessment conducted following a return to a home care program i.e. following an admission to hospital
Significant Change in status Reassessment	A reassessment conducted at any time during an uninterrupted course of care because the person's status or condition has changed significantly
Discharge Assessment	Completed on discharge from a Home Care Program
Discharge Tracking Only	Used when discharged from Home Care Program without a full interRAI assessment being completed
Other	i.e. Research

Note: Variances between DHB's may be due to differences in their model of care.

Graph 3.



Graph 4.



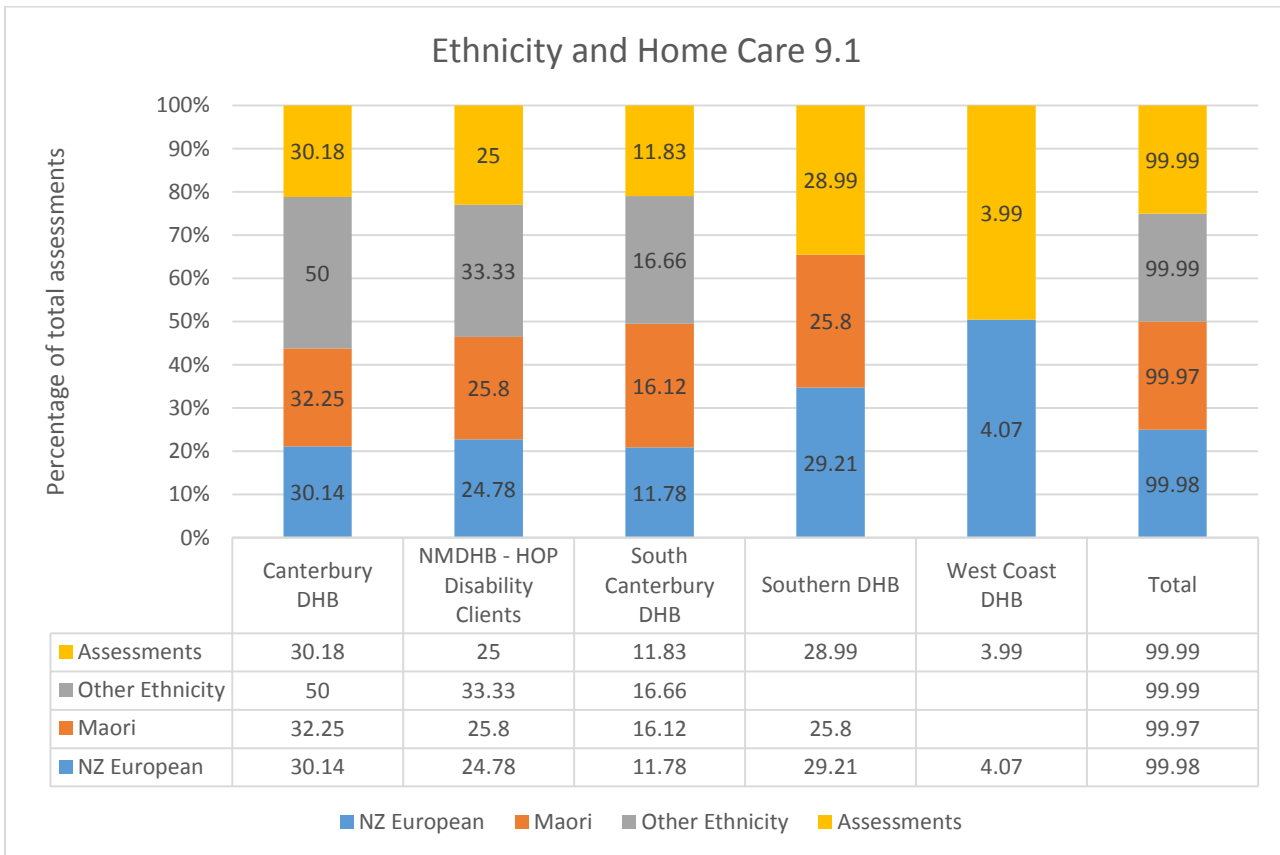
Ethnicity

The following tables indicate the ethnicity of those assessed using the interRAI Home Care 9.1 and Contact Assessment 9.2. Population Demographics based on 2013 Census are available in Appendix 1. The data is separated into total assessment volumes and then percentage of total assessment completed in the individual DHBs.

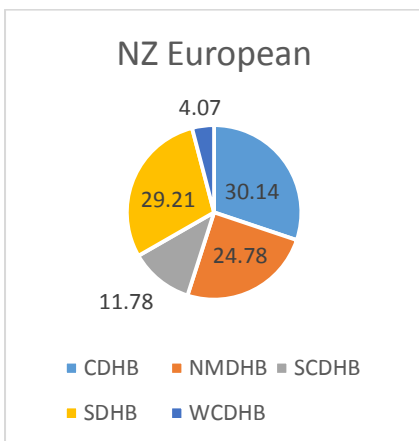
Note: Individuals may be represented more than once in following graphs as individuals can select more than one ethnicity if required.

Home Care

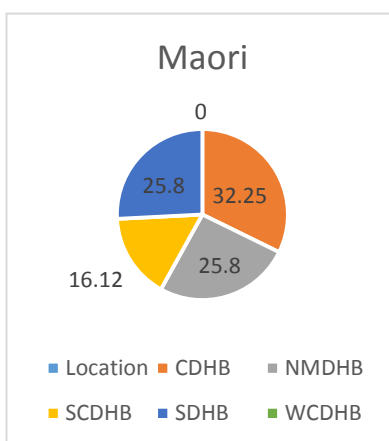
Graph 5.



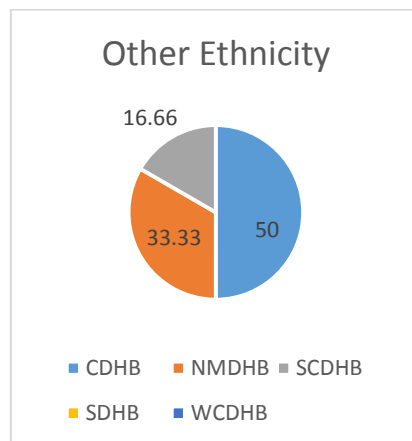
Graph 5.1



5.2



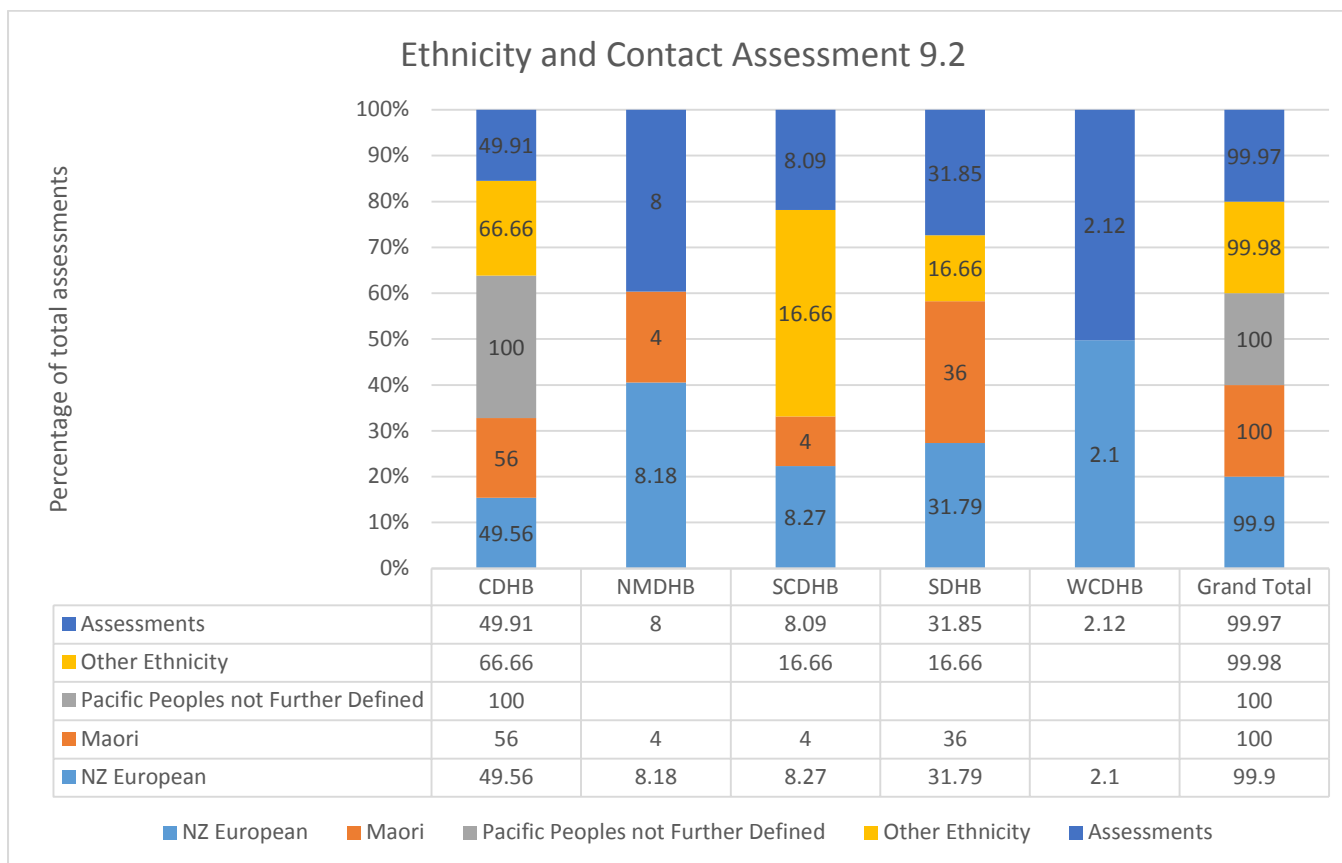
5.3



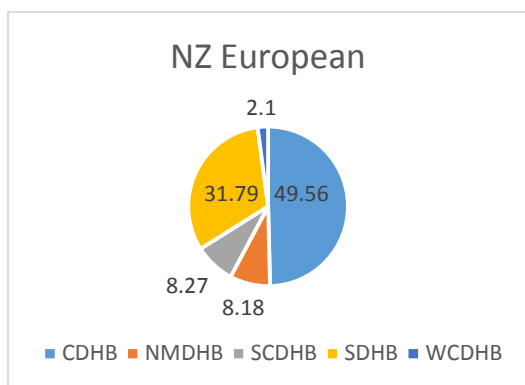
Note: no clients coded 'Pacific Peoples Not Further Defined' in this cohort

Contact Assessment

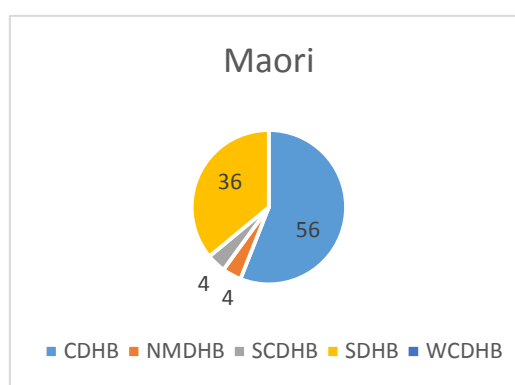
Graph 6.



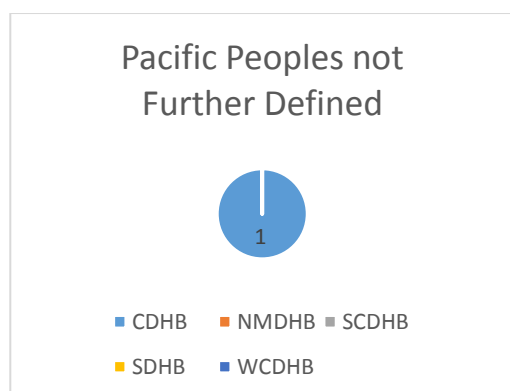
Graph 6.1



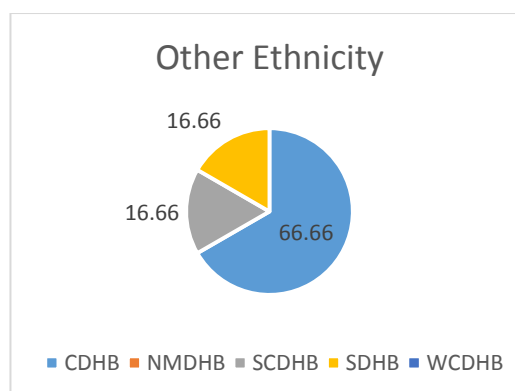
6.2



6.3



6.4



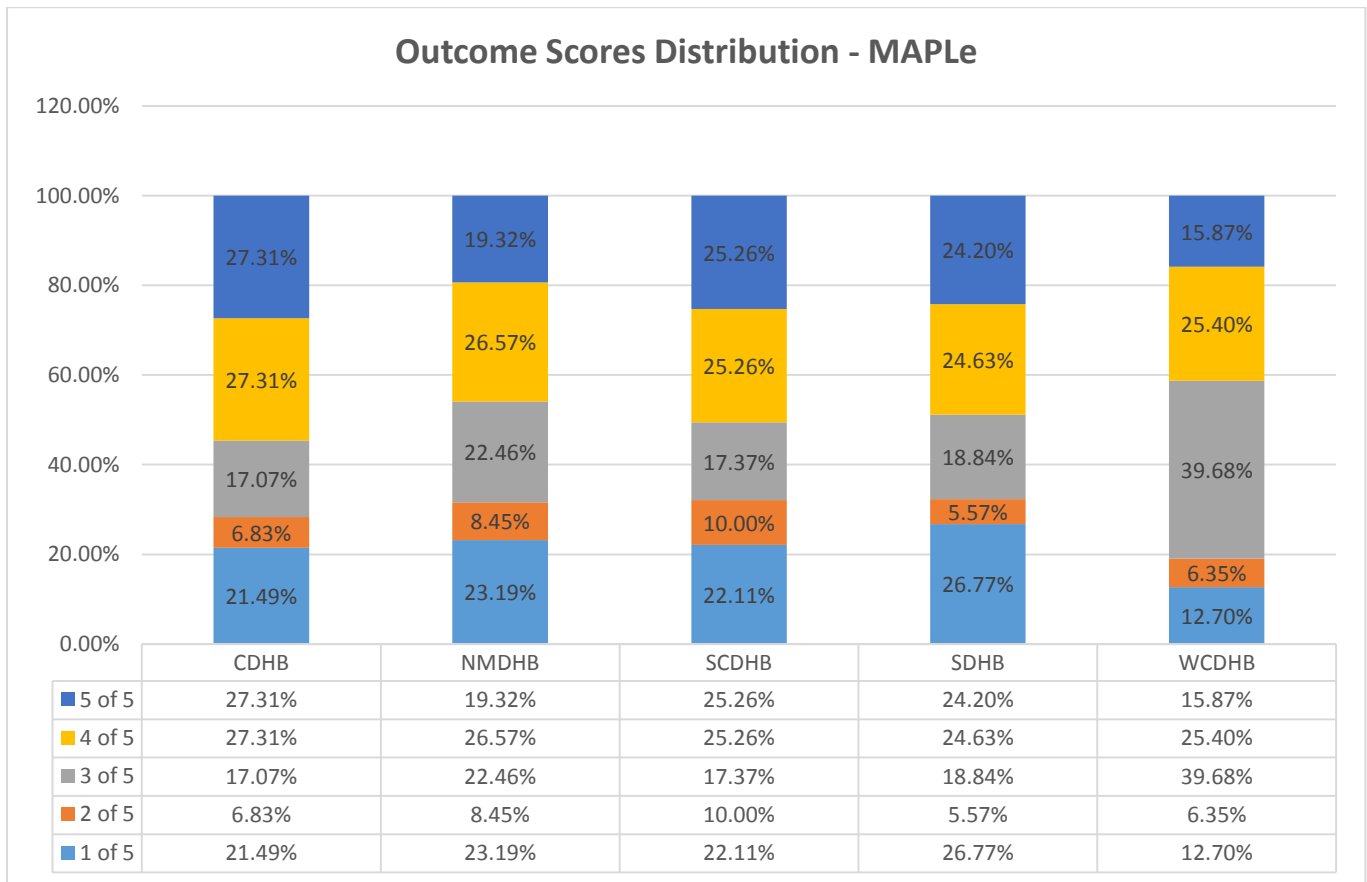
Outcome Scores

MAPLe - Method of Assigning Priority Level

The MAPLe score is a priority indicator. Higher scores are based on the presence of ADL impairment, cognitive impairment, wandering, and behaviour problems. The MAPLe is also a predictor of carer stress. The higher the score the higher the priority for services to be commenced or increased in the community, to prevent hospitalisation or admission into residential care.

International Research provided by InterRAI has shown an individual with the highest score are nine times more likely to enter a long term care facility than an individual with the lowest score.

Graph 7.



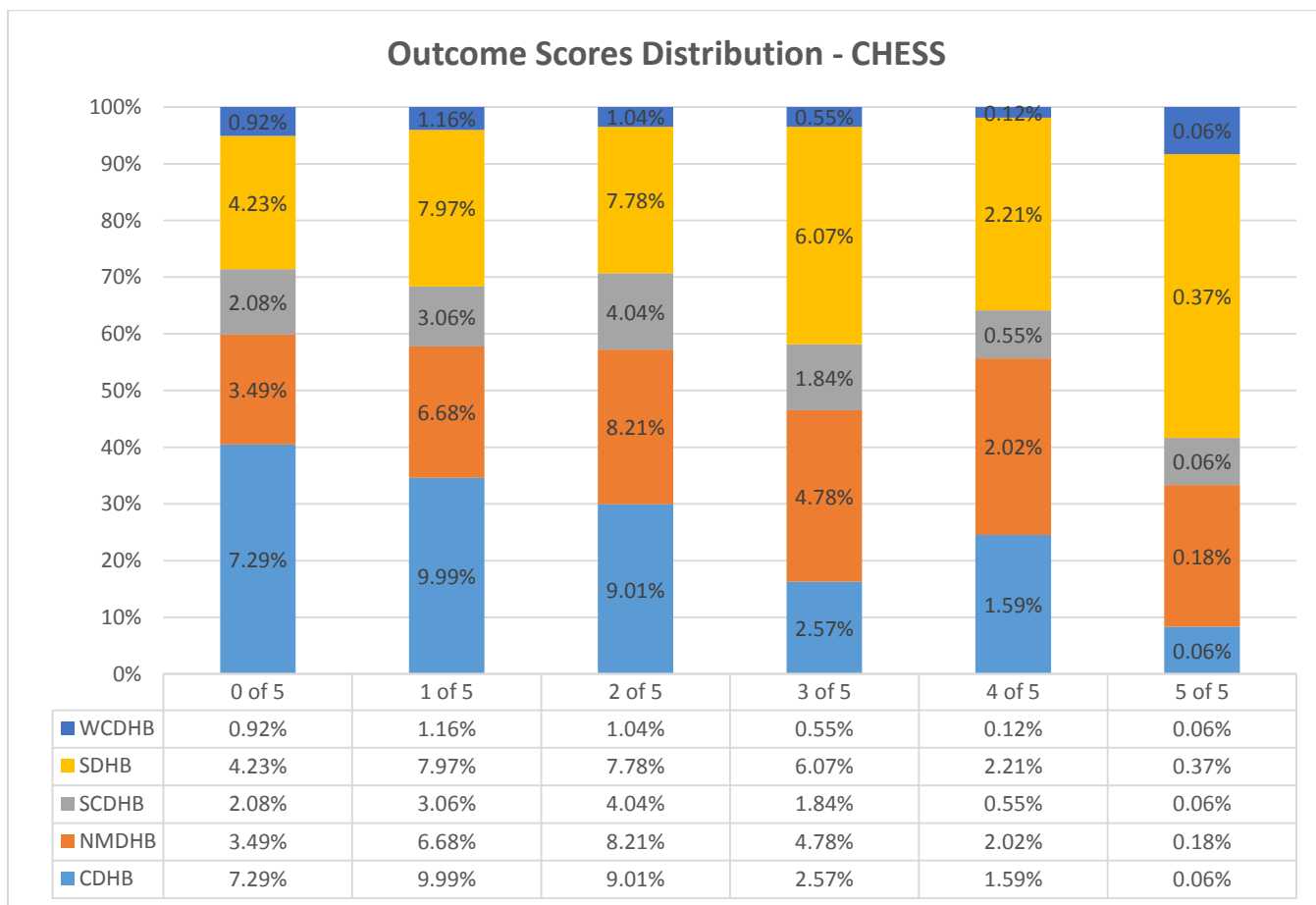
CHES - Changes in Health, End-Stage Disease, Signs, and Symptoms

This scale detects frailty and health instability and was designed to identify clients at risk of serious decline. International research completed by interRAI indicates higher scores are associated with adverse outcomes such as increased mortality; hospitalisation; pain; caregiver stress and poor self-rated health

Score Description

- | | |
|------------------------------|--------------------------------|
| 0 No health instability | 3 Moderate health instability |
| 1 Minimal health instability | 4 High health instability |
| 2 Low health instability | 5 Very high health instability |

Graph 8.



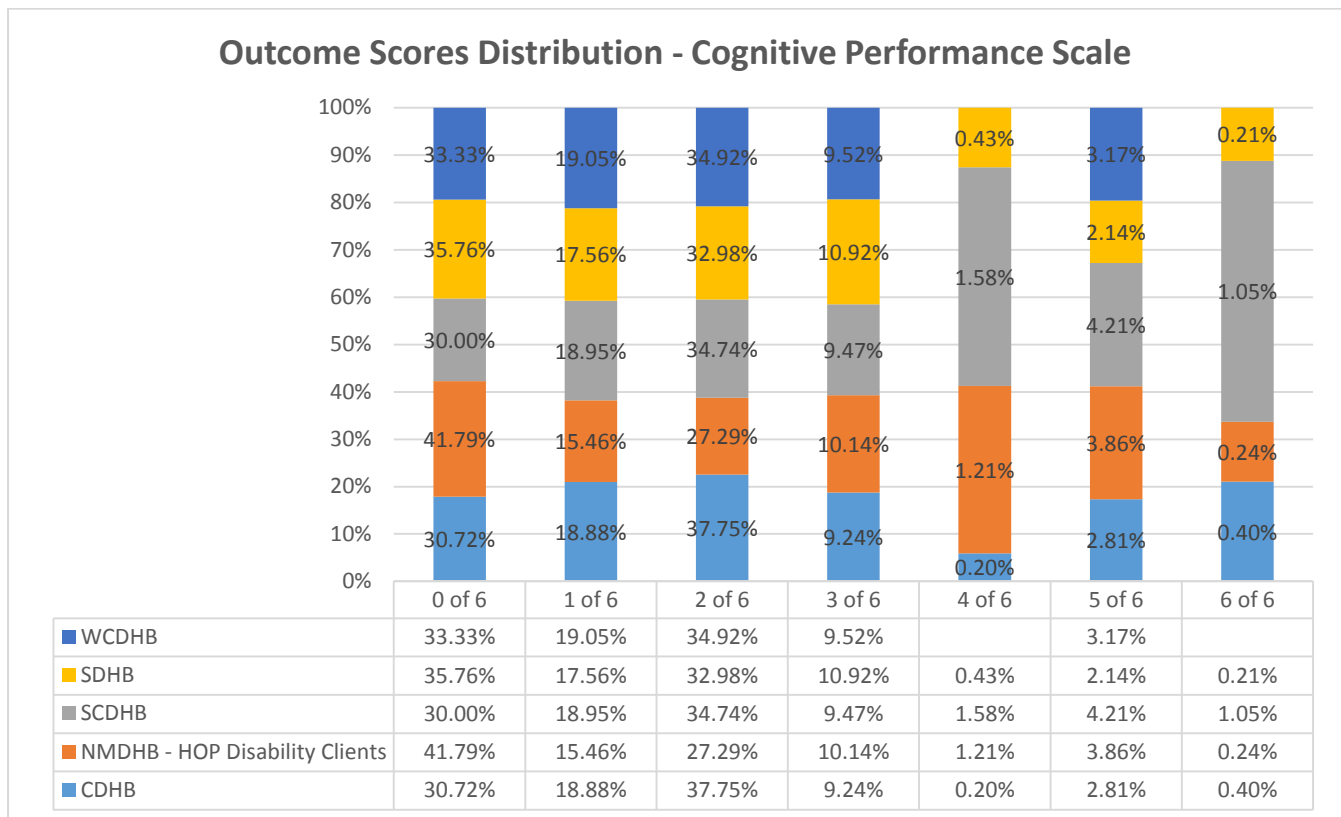
CPS - Cognitive Performance Scale

Combines information on memory impairment, level of consciousness and executive functioning. Higher scores indicate more severe impairment.

Score	Description	Approx. MMSE equivalent*
0	Intact	30-25
1	Borderline intact	22
2	Mild impairment	20
3	Moderate impairment	15
4	Moderate / severe impairment	7
5	Severe impairment	5
6	Very severe impairment	0.5

* MMSE Equivalent score based on interRAI International Research

Graph 9.



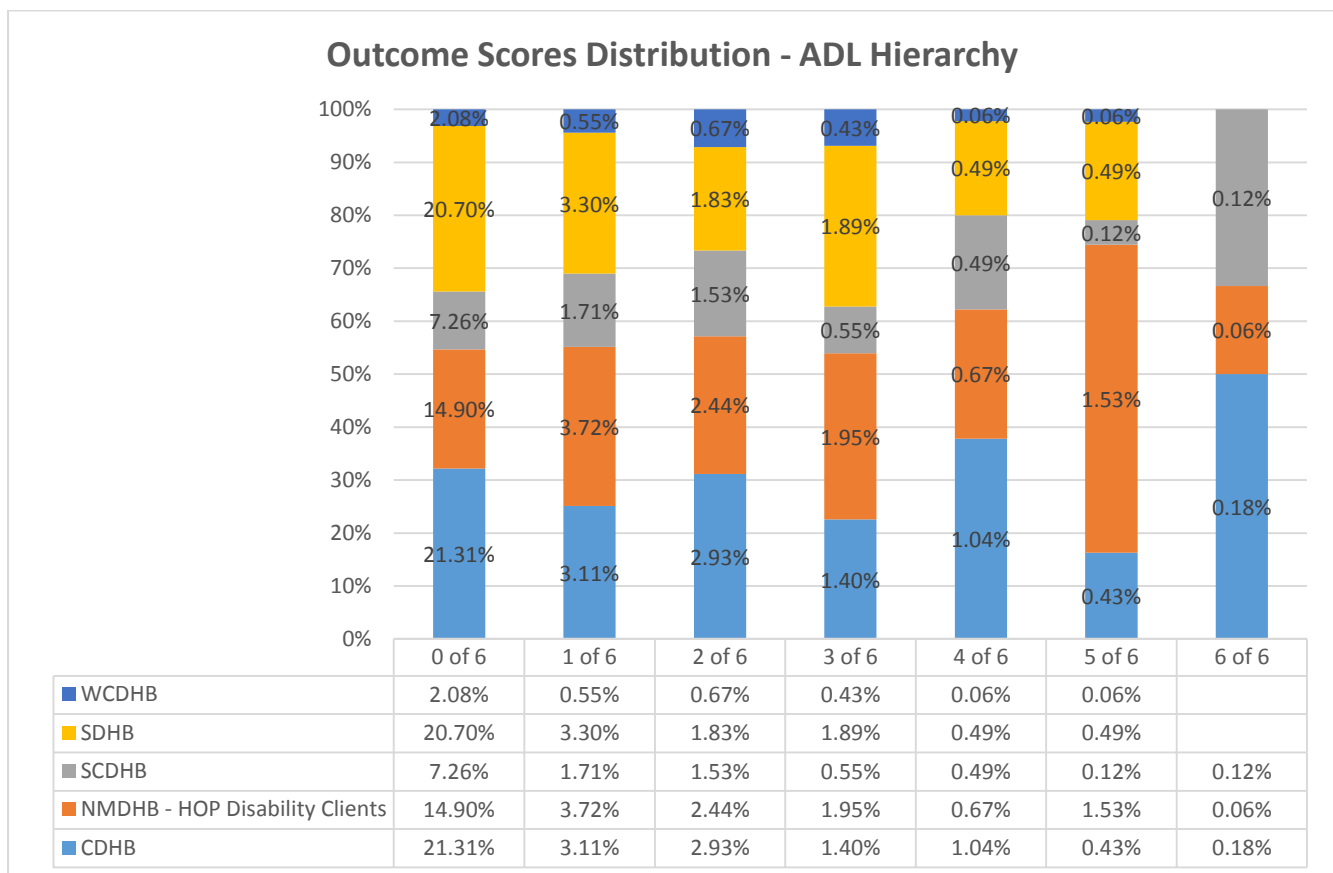
ADL Hierarchy

The ADL Hierarchy Scale is a measure of functional performance grouping activities of daily living according to the stage of the disablement process in which they occur. Early loss ADLs (e.g. dressing) are assigned lower scores than late loss ADLs (e.g. eating) as per interRAI international methodology.

Score Description

- | | |
|-------------------------------------|-------------------------------------|
| 0 Independent | 4 Extensive assistance required (2) |
| 1 Supervision required | 5 Very dependent |
| 2 Limited impairment | 6 Total dependence |
| 3 Extensive assistance required (1) | |

Graph 10.



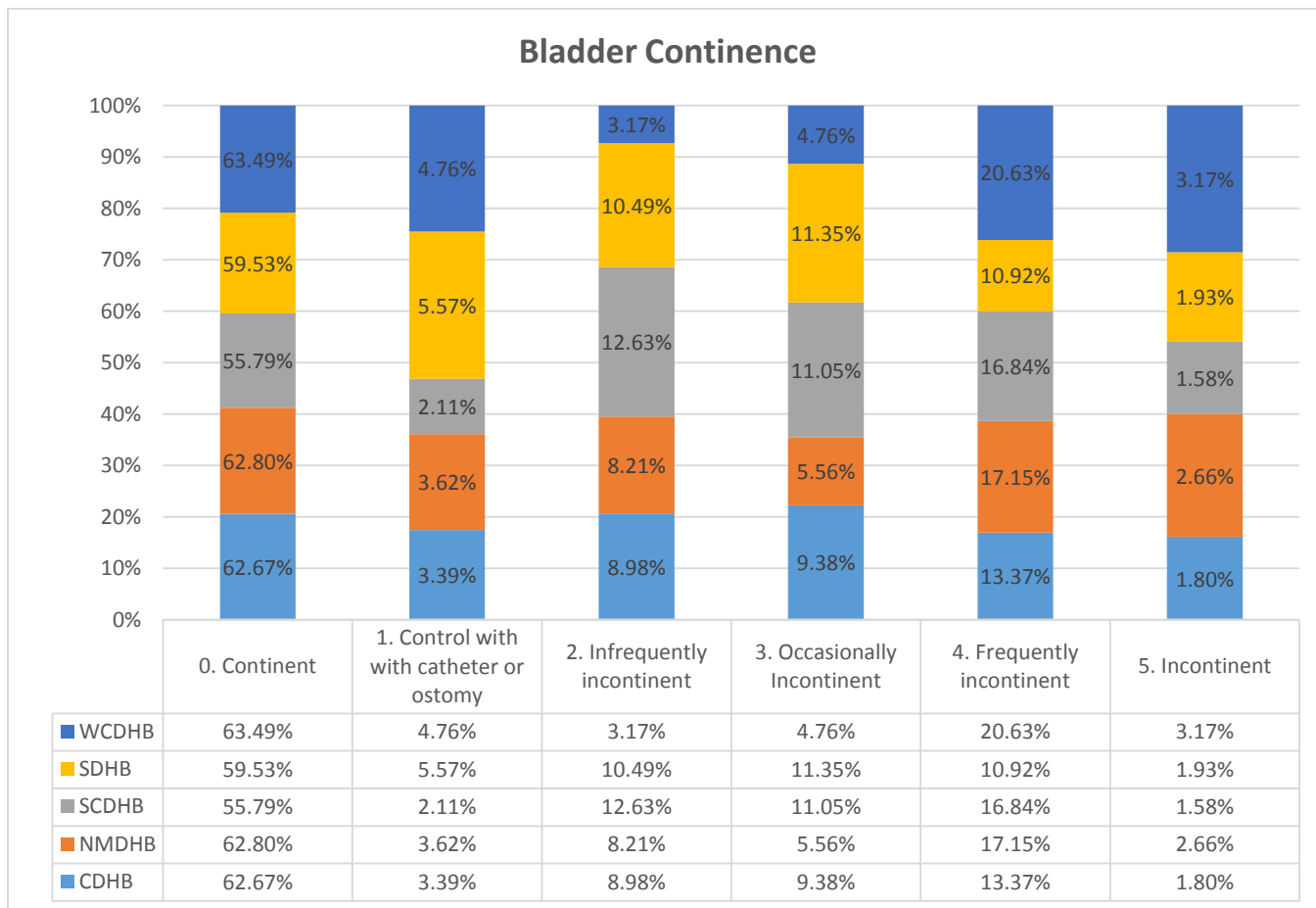
Specific Assessment Responses

Bladder Continence

Although it frequently increases with age, urinary incontinence is not a normal part of the biological process of aging. It causes many problems, including skin rashes, pressure ulcers, reduced mobility, falls and loss of socialisation. It is therefore in itself an indicator of potential decline in older persons.

Because of the embarrassment that is often associated with incontinence accessing support to prevent decline or facilitate improvement can be difficult for many older persons.

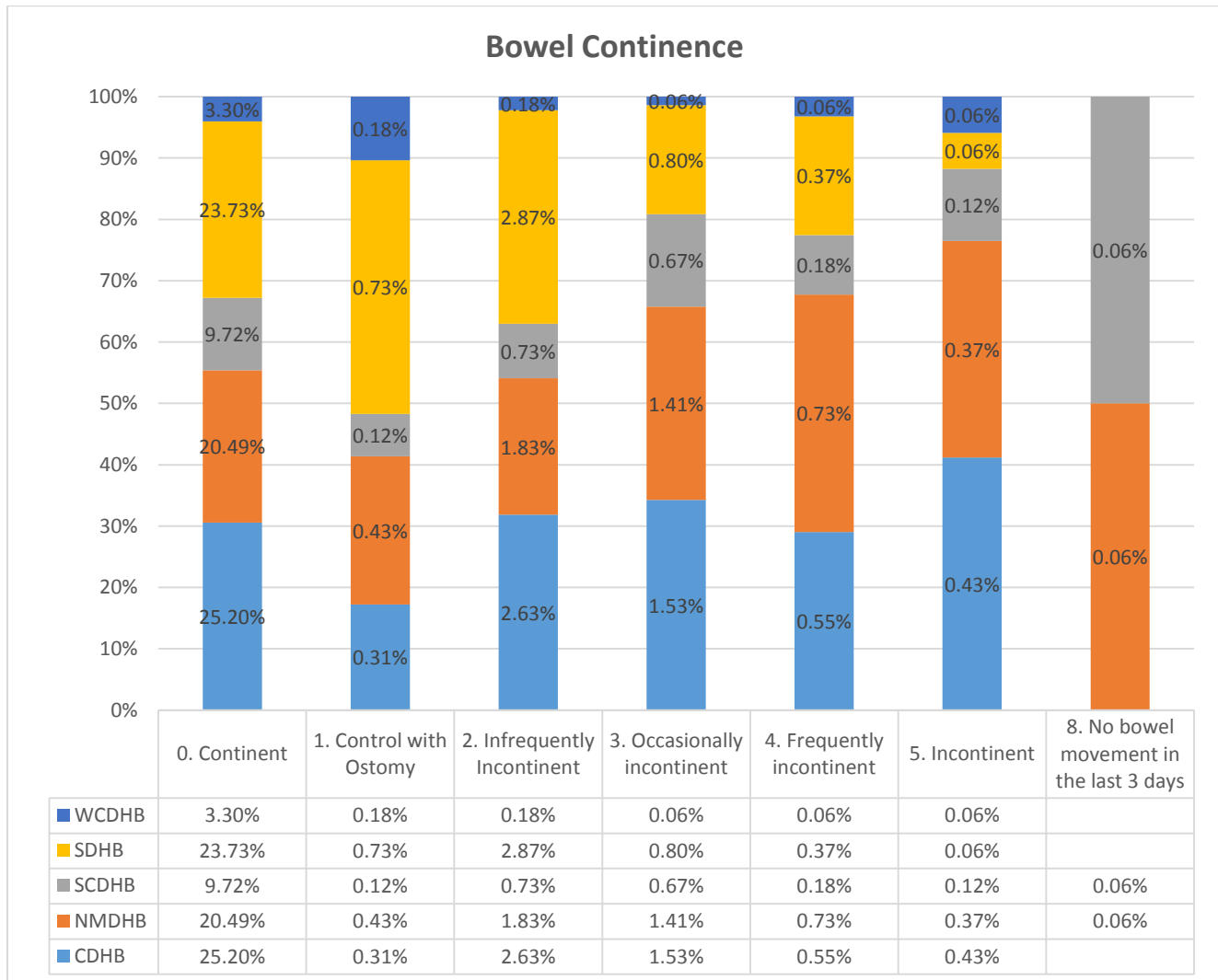
Graph 11.



Bowel Continence

Included for similar reasons as bladder incontinence.

Graph 12.



Appendix 1 – South Island Population Demographics - Population Data Based on 2013 Census

Age and ethnicity in the Canterbury District Health Board

Age group	Total people	Maori	Pacific Island	European	Asian	Maori %	Pacific %	European %	Asian%
55-59	30,645	1,416	384	26,094	1,542	4.6	1.3	85.1	5.0
60-64	27,453	1,116	291	23,850	1,083	4.1	1.1	86.9	3.9
65-69	22,680	702	189	20,295	594	3.1	0.8	89.5	2.6
70-74	17,319	459	138	15,666	447	2.7	0.8	90.5	2.6
75-79	12,630	264	60	11,661	279	2.1	0.5	92.3	2.2
80-84	10,203	138	30	9,516	147	1.4	0.3	93.3	1.4
85 and over	9,360	72	21	8,880	87	0.8	0.2	94.9	0.9
Cumulative number 65 and over	72,192	1,635	438	66,018	1,554				
% of population over 65	18.1%								
Cumulative percentage 65 and over		2.3	0.6	91.4	2.2				

Age and ethnicity in the West Coast District Health Board

Age group	Total people	Maori	Pacific Island	European	Asian	Maori %	Pacific %	European %	Asian%
55-59	2,418	141	15	2,106	21	4.1	0.6	87.1	0.9
60-64	2,106	99	9	1,845	15	3.7	0.4	87.6	0.7
65-69	1,779	78	6	1,572	6	3.2	0.3	88.4	0.3
70-74	1,311	57	3	1,179	6	2.7	0.2	89.9	0.5
75-79	900	36	0	810	3	1.7	0.0	90.0	0.3
80-84	663	15	0	615	6	0.5	0.0	92.8	0.9
85 and over	528	3	0	498	3	0.6	0.0	94.3	0.6
Cumulative number 65 and over	5,181	111	9	4,674	24				
% of population over 65	18.9%								
Cumulative percentage 65 and over		2.1	0.2	90.2	0.5				

Age and ethnicity in the Nelson Marlborough District Health Board

Age group	Total people	Maori	Pacific Island	European	Asian	Maori %	Pacific %	European %	Asian%
55-59	9,981	510	60	8,910	123	4.0	0.6	89.3	1.2
60-64	9,594	396	33	8,637	114	2.9	0.3	90.0	1.2
65-69	8,469	276	24	7,749	45	2.5	0.3	91.5	0.5
70-74	6,288	210	15	5,808	30	1.6	0.2	92.4	0.5
75-79	4,386	99	12	4,068	12	1.4	0.3	92.7	0.3
80-84	3,222	63	3	3,063	3	1.2	0.1	95.1	0.1
85 and over	3,111	39	3	2,946	3	1.3	0.1	94.7	0.1
Cumulative number 65 and over	25,476	411	57	23,634	93				
% of population over 65	21.4%								
Cumulative percentage 65 and over		1.6	0.2	92.8	0.4				

Age and ethnicity in the South Canterbury District Health Board

Age group	Total people	Maori	Pacific Island	European	Asian	Maori %	Pacific %	European %	Asian%
55-59	3,936	150	9	3,579	48	3.0	0.2	90.9	1.2
60-64	3,885	117	12	3,555	33	2.2	0.3	91.5	0.8
65-69	3,366	87	9	3,132	18	1.6	0.3	93.0	0.5
70-74	2,805	54	3	2,598	15	1.3	0.1	92.6	0.5
75-79	2,070	36	6	1,956	9	1.2	0.3	94.5	0.4
80-84	1,653	24	0	1,563	6	0.7	0.0	94.6	0.4
85 and over	1,449	12	0	1,371	3	0.8	0.0	94.6	0.2
Cumulative number 65 and over	11,343	126	18	10,620	51				

% of population over 65	23.0%				
Cumulative percentage 65 and over		1.1	0.2	93.6	0.4

Age and ethnicity in the Southern District Health Board

Age group	Total people	Maori	Pacific Island	European	Asian	Maori %	Pacific %	European %	Asian%
55-59	19,362	984	168	17,022	402	3.9	0.9	87.9	2.1
60-64	17,274	750	120	15,489	249	2.9	0.7	89.7	1.4
65-69	14,589	507	90	13,272	147	2.8	0.6	91.0	1.0
70-74	11,370	402	57	10,353	108	2.0	0.5	91.1	0.9
75-79	8,322	228	42	7,719	72	1.4	0.5	92.8	0.9
80-84	6,489	120	12	6,072	45	1.0	0.2	93.6	0.7
85 and over	5,853	66	3	5,472	33	1.1	0.1	93.5	0.6
Cumulative number 65 and over	46,623	816	204	42,888	405				
% of population over 65	18.4%								
Cumulative percentage 65 and over		1.8	0.4	92.0	0.9				