

Single Assessment Tool (SAT) for Services for Older People

HSE information – for intranet/wide circulation

1. Background

The requirement for a national SAT stems from government strategies, policies and reports (such as Leas Cross Report [O'Neill, 2006], The National Quality Standards for Residential Care Settings for Older People in Ireland' [HIQA, 2009] and most recently in the government's Future Health strategy [DoH, 2012]). It is based on the recognition that many older people have wide ranging health and social needs and that agencies in Ireland need to work together to reduce fragmentation, so that assessment, care planning, and policy decision-making are effective, co-ordinated, and provide maximum value for money, and meet international best practice standards.

To address this need, a multi-disciplinary, multi-agency SAT Working Group was established to:

“Select, pilot and recommend a single assessment tool or suite of tools to be utilised for the assessment of older people nationally”.

The implementation of a SAT is required to enable the HSE to meet the key strategic objectives –

- To have the needs of older persons met in the most appropriate setting.
- To provide care that is properly co-ordinated to support quality and efficiency.
- To maximise value to older persons within the available budget resource.
- To provide demonstrable fairness of access to resources for health and social care, e.g. for Long-Term Residential Care or a Home-Care Package.
- To support current national policy on enabling older people to remain at home in independence for as long as possible.

2. Selection of a SAT

A number of processes were used to select a suitable SAT. These included:

- a 'Values and Principles' exercise,
- a Literature Review,
- a Market Sounding exercise and
- a detailed Options Appraisal.

After extensive stakeholder consultation and review, it was agreed that a computerised assessment tool would be preferable and three assessment tools were shortlisted. Following this, a multi-stakeholder team then developed and agreed a 35-point selection criteria to be applied to each of the 3 short-listed tools using a decision-matrix. The selection criteria encompassed specific sub-criteria under the following headings:

- Validity/ Reliability/ Sensitivity
- Domain Coverage
- Promotion of Independence, Individual Rights; and Quality of Life
- Aspects of Data/ Information Inputs
- Features of Data/ Information Outputs
- Usability/ Capacity for Modification
- Ease of Implementation.

Following the application of these criteria the SAT National Group determined that the interRAI™ suite of tools were the most 'fit for purpose' for the Irish context.

3. InterRAI

The interRAI tools employ a structured, multi-disciplinary assessment covering key domains to thoroughly and accurately assess the wide-ranging health and social care needs of older people. There are currently 14 related assessment systems available in the integrated interRAI suite, covering a range of services such as: community, residential, acute, rehabilitation, disability and mental health.

The assessment system offers additional supports with embedded alerts that trigger the assessor to further in-depth assessments and provides guidance on evidence-based care planning. While the supporting software by providing a common language of assessment, outputs and summary reports, facilitates information sharing between health and social service agencies, thus avoiding duplication. Aggregated data can further be used to facilitate outcome measurement, resource allocation/ service planning, quality measurements, research and policy decision-making (*if you require further information on the interRAI system please contact us*).

4. Pilots

The primary aim of the pilot was to explore the suitability of the interRAI system in the Irish healthcare context by examining the views of (A) Irish assessors' (health professionals), (B) clients and (C) carers' views on the interRAI system's usability, practicality and acceptability

A mixed methodology using quantitative and qualitative design approaches was employed. Data collection involved multi-site surveys, focus groups and interRAI™ data analysis. Ethical approval was gained from the Research Ethics Committees of St. James's Hospital / AMNCH, Connolly Hospital and Waterford Regional Hospital. Process Consent methods were utilised in gaining informed consent with cognitively impaired clients. Quantitative data was analysed using SPSS, while qualitative data from the focus groups was analysed using cognitive mapping to extract the main themes.

Ten sites (five urban and five rural) were selected comprising of six long-term care facilities (three private, two public and one voluntary); two community care areas (ten community health units); and two acute hospitals. (*Locations listed in Appendix 2*). Presentation of the findings of health professionals are detailed below (detailed findings from Clients and Carers is readily available, if required). A 96% survey response rate was achieved. Nurses accounted for 93% and doctors 7% of the study population. Of the responders, 62% worked in long-term care, 22% in the community and 16% in acute hospitals.

5. Results- Main findings

The use of interRAI assessments was found to have a positive clinical impact in identifying previously unrecognised health and social care needs, and demonstrated a high level of acceptability on using the interRAI™ assessment system with clients, carers and health professionals.

Clients and their representatives particularly liked the direct client interview items and valued that their opinions were sought and respected. interRAI assessments were further found to have a positive clinical impact in identifying previously unrecognised health and social care needs.

However, similar to all assessment systems the interRAI™ system was found to have its strengths and limitations. These will be targeted in future staff education and development programmes.

The learning from the pilot highlights the essential importance of implementing good communication strategies to all stakeholders. Time is needed when working with services to dovetail the SAT and associated ICT with the business processes of assessment, planning, care, and management. It further takes time to get stakeholders on board, to explain the benefits of standardisation via a Single Assessment Tool and to persuade staff and their line-managers to take on the 'overhead' of SAT implementation.

Challenges further arise where some of the effected 'end-users' have minimal, or no, prior exposure to using SAT associated ICT equipment/ software. Furthermore the provision of a SAT staff Education and Development programme and SAT implementation presents quite a challenge in the context of constrained resources for day-to-day service provision. Although, this can be matched against, the time-taken for current assessments/ record keeping and associated training.

Overall the interRAI™ system was found to be a robust and potentially powerful system for assessing the health and social care needs of older people with participants expressing overwhelmingly positive views regarding the acceptability and value of using the interRAI assessment system in Irish clinical practice. The implementation of interRAI presents an opportunity not only to improve older persons' assessments and their quality of care, but to further improve the national delivery of care to all older people.

6. Implementation of a SAT

Funding for the implementation of the SAT is principally to come from 2 sources –

- A funding commitment from the Atlantic Philanthropies, a limited life foundation
- CMOD (Department of Public Expenditure & Reform) who have recently approved HSE to begin procurement of a suitable information system

This funding will facilitate the implementation, during 2013 to 2017, of a the SAT for older people, using parts of the interRAI™ suite together with a carer assessment, using a suitable information system platform, to enable improved outcomes for the services user - older people themselves - and a wider transformation of services.

The project scope is to implement specific parts of the interRAI™ suite for use in relation principally to the care needs assessment part of the NHSS (Nursing Home Support Scheme), the HCPS (Home Care Package Scheme) and regarding Home-Help provision. A key specific purpose is to replace the Common Assessment Summary Record (CSAR) which is currently in place.

In addition, a carer assessment will be implemented, to be used where carer distress is identified by the clinical assessment. The development of a formally adopted supplement to the interRAI™ suite for a carer assessment will be pursued.

Initially the implementation will focus on those older people with more complex needs i.e. those who may be in need of a Home Care Package, or those in need of long term care (Nursing Home Support Scheme) and thereafter (circa 2015 onwards) extend to those seeking Home Help service.

The implementation will include educating, training, developing, and equipping circa 2,000 health and social care clinical and administration personnel, over a circa 4 year period (2013 to 2016) to make use of the interRAI™ instruments and methods in a correct and efficient manner. In 2017 a full transition to 'business as usual' will be undertaken and the project completed.

The circa 2,000 personnel involved will to be equipped with direct appropriate access to a shared client record that enables easy and secure recording of the interRAI™ data-sets, and intelligent processing of this data to generate and share decision-support outputs

The implementation of SAT will considerably improve the rigour and equity of decisions made regarding provision of resources under the Nursing Home Support Scheme and the Home Care Package Scheme and/or Home Help Scheme.

Timeframe

Most of 2013 will involve completion of a number of major preparation and procurement tasks before detailed planning for, and commencement of, Early Adopter Implementation. The 6 Early Adopter/ Pilot sites will be identified to begin the implementation process in order to provide the basis of a robust and closely evaluated comprehensive use of the planned approach for implementation. The following is the high-level timeline for the project:

- Procurement of software and other resources (Q1-3 2013)
- Refinement of interRAI tools for use in Ireland (Q1-3 2013)
- Selection/Adaption and piloting of carer assessment (Q2 2013-Q2 2014)
- Early Adopter Implementation (Q4 2013- Q2 2014) (circa 50 users)
- Planning for Next Stages (Q1 2014)
- 'Year 2' Implementation (2014) (circa 400 personnel)
- 'Year 3' Implementation (2015) (circa 800 personnel)
- 'Year 4' Implementation (2016) (circa 800 personnel)
- 'Close-Out' (and Plan Further Phases if Agreed) (2017)

If you require further details for this project please contact

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