New Zealand
Aged Care Association

New Zealand Aged Care Association

Supporting equitable and timely access
to aged residential care

In this Report

- Compare access to ARC across our District Health Boards
- Are ARC residents being funded by their DHBs into different levels of care depending on where they live?
- The increasing acuity of residents' needs on admission to ARC
- Why the use and response to interRAI needs to be standardised across New Zealand.

As New Zealand welcomes a new era with the establishment of Health New Zealand/ Hauora Aotearoa and Te Mana Hauora Māori, we must ensure that the serious inequities over access to the right care for our vulnerable and older kiwis are urgently addressed." Simon Wallace, Chief Executive, New Zealand Aged Care Association, 2022

Foreword from Simon Wallace, Chief Executive, New Zealand Aged Care Association

June 2022 signals the move to a new era in healthcare delivery in New Zealand, with the implementation of the Government's overarching health reforms, finalised in April 2021. The establishment of Health New Zealand, and Te Mana Hauora Māori, has huge potential to deliver significant benefits to the health and wellbeing of all New Zealanders.

In 2018 the NZACA published analysis in its report *Caring for our Older Kiwis: The right place, at the right time*[1] showing that the ability of our older New Zealanders to access aged residential care (ARC) when they needed it and at the right level, varied according to which DHB they lived in.

We have recently updated this research to reflect data from 2020/21, and for the first time have compared the acuity of residents needs when they enter care from 2016/17 to 2020/21.

I would like to acknowledge the CHT Aged Care Fund for its grant to support this latest research to be undertaken. This report presents the analysis of the research to support the new health agencies with their work to deliver more resident centric, and equitable healthcare.

Once again, the results of the research reveal that there continue to be persistent and significant inequities in access to ARC, and to the most appropriate level of care, depending on where people live.

The research also confirms the concerning feedback we have received from providers that there has been a significant increase in the acuity of residents when they are admitted to care. This is a worrying and emerging issue in the sector as some providers are having to provide un-funded hospital level care to individuals in rest-home level beds, either because no beds that are certified to hospital level care are available, or the DHB is only funding the resident for rest-home level care when they need hospital-level care.

It is clear that change is desperately needed, particularly for our vulnerable, older people, to ensure they have equitable access to the right care as they age, but also for our struggling ARC providers.

The new health reforms come into place as our aged care sector continues to grapple with the long tail of the ongoing Covid-19 pandemic, which has only exacerbated the significant challenges the sector was already facing. I do want to acknowledge the dedication and creativity of our providers and their staff as they have strived to care for their residents while managing the necessary measures in place to keep them safe and socially connected.

In 2022 our sector is facing devastating staffing shortages and a critical lack of registered nurses to provide the specialised care needed. Some providers are simply having to close beds or even their whole facility, forcing older people to leave their communities and enter care in larger centres.

It is well publicised that across so many areas of our healthcare system there are significant issues of equity and consistency of care, often leading to poorer outcomes for some. For too long, justified accusations of "postcode healthcare" have been levelled at the health sector. The NZACA is pleased that addressing these fundamental inequities in healthcare access outcomes are at the heart of the much-needed reforms.[2]

There is much work to be done. The research presented in this report shows an alarming lack of progress and urgency to provide access to ARC, and at the right level, in an equitable way across New Zealand. While across some DHBs there has been some improvement, in other areas there has been a decline in access to ARC.

The continued lack of consistency in the DHBs use of the standardised interRAI Home Care assessment to assess the needs of their older population is hugely disappointing. This is contributing to the post code healthcare lottery too many people are experiencing.

InterRAI was adopted in New Zealand to help ensure adequate and consistent access to care for our older people.[3] The 2020/21 data shows that the number of older people aged over 80 who are assessed using the interRAI Home Care Assessment tool remains low across most regions. Indeed, its use has declined when compared to 2016/2017, with serious discrepancies in its administration across the country.

Behind the numbers and percentages presented in this report are lives. The lives of our most vulnerable New Zealanders. They are our parents, grandparents, great grandparents and they have made a contribution to New Zealand through living and working here and raising families. How we treat our older New Zealanders reflects on our values as a nation.

The NZACA is calling on the Government to introduce a national, standard process by which people are assessed for support, including eligibility for ARC, to replace the current diversity of approaches across the DHB regions.

The impact of the current practices on our older people in terms of access, equity, and ultimately their right to enjoy the best health and wellbeing they can, cannot be underestimated, and must be addressed as a priority by the new health agencies.

Simon Wallace
CHIEF EXECUTIVE
New Zealand Aged Care Association

A message from the CHT Healthcare Trust

On behalf of CHT Healthcare Trust and our CHT Aged Care Fund, which provides funds for the advancement and promotion of work among older people, I would like to acknowledge the valuable work that the NZACA does to advocate for access to the right care for our older New Zealanders, regardless of where they live.

This NZACA led research resonated with us at CHT as ensuring accessible quality care for all is at the heart of everything we do and we see first-hand the improvements to a person's overall health and wellbeing when cared for in Aged Residential Care (ARC).

With more people living longer, often with comorbidities, ensuring that we have the right policy settings and framework in place to support our older people to live as well as they can has never been more critical. If an older person requires a higher level of care than can be provided in their home, they need to be able to access that care in an equitable way around the country.

The sector is at a crossroads in terms of how we plan for the care of our older New Zealanders. At the same time as the new health system is being established, our aged care sector is in crisis. Funding disparities and immigration settings are contributing to staffing shortages which put further pressure on a system already trying to manage the fact that, as confirmed in this report, residents are entering ARC in greater need. This is showing up as real issues in access to care, with some providers unable to staff admissions of residents with more complex needs and even having to close beds or facilities.

This report is an important contribution to the sector's evidence-based korero with government decision makers on the challenges we face in providing equitable access to residential care for our older New Zealanders. We need a stronger vision from policy makers to define what quality aged care looks like in the medium and long term and a clear road map, policy settings and funding that genuinely supports the goals of access and equity. We cannot rely on market forces alone to drive the provision of aged care beds and determine who has access to them.

We all have our stories about the difference the right care can make in a person's life. For me, it was during a visit to one of our facilities where a gentleman on a mobility scooter greeted me and I took the opportunity to enjoy a chat with him. I learned later that when he first entered ARC, he was non-verbal, practically immobile, very withdrawn and generally in poor health. Two years later with good nutrition, social interaction, regular medication and physiotherapy his quality of life has been transformed. I choose to see this as a positive example of the value of ARC, equally it could be viewed as an indictment of the health system that allowed a person to get into that state in the first place.

CHT commends the NZACA for this research and supports the call for a nationally standardised process and criteria for determining eligibility for ARC that is used in a consistent way across every region in New Zealand. This needs to be underpinned by evidence, using the tools we have available to us, such as interRAI Home Care Assessments. We believe that this will support both better access to ARC, and more equitable access around the country.

With warmest regards

Carriann Hall
CHIEF EXECUTIVE
CHT Healthcare Trust

About this report and methodology

The research that underlies this report is an update and extension to research conducted over 2017/2018 and published in the NZACA's 2018 report *Caring for our older Kiwis: The right place, at the right time*[4]. The results of the analysis are aimed at assisting the newly created Health New Zealand/ Hauora Aotearoa and Māori Health Authority / Te Mana Hauora Māori to support their goals of improving both equity and access to healthcare for New Zealanders[5].

The NZACA's 2018 report demonstrated the benefits of aged residential care (ARC) to residents, and identified inequities in both access to care, and care at the appropriate level, depending on the DHB high-need older people live in. Central to the research was analysis of anonymised interRAI output data provided by interRAI NZ to the NZACA.

In 2021, the NZACA engaged the same senior data analyst, John McDougall, to further analyse the latest interRAI output data up to 2020/21. The research looks specifically at:

- whether there has been any improvement in the use and consistency of interRAI Home Care Assessments across the DHBs,
- whether people are enjoying more equitable access to ARC at all levels,
- whether there is more equitable access to higher levels of care (hospital, dementia or psychogeriatric care), after approximately six months in ARC, and
- changes in residents' acuity when they are admitted to ARC.

The data provided to the NZACA by interRAI New Zealand[6] is once again anonymised so neither the individual nor their care facility can be identified.

While this research looks at the issue of equity of access to ARC across the DHBs through analysis on interRAI data, it is important to note that this is only one aspect of the wider issue of equity of access to ARC.

Other areas include equity of access to ARC for Kaumatua and Pasifika elders, in the context of equity in access to all forms of support they may benefit from. This would require a multi-faceted research approach, and the NZACA would be happy to contribute to research on this issue that may be led or commissioned by Te Mana Hauora Māori[7].

This paper also does not look at equity of access to ARC for all income groups. As more providers attempt to remain financially viable by providing rooms that carry accommodation supplements for premium rooms or are only accessible via Occupation Rights Agreements, the number of "standard" aged residential care rooms is at best static. The NZACA intends to examine this as part of research into the consequences of the long-term underfunding of ARC.

Results of the analysis at a glance

The benefits of aged residential care

The results of the 2020/21 analysis of the interRAI data are very comparable to the analysis of the 2016/2017 outcome scales data, showing that older people enjoy improved health in key areas of health and wellbeing after entering aged residential care.

Of those who report feeling lonely at the time of their final Home Care Assessment, 82% of people no longer feel lonely after around six months of aged residential care (ARC), and only 18% continue to report feeling lonely, mirroring the 2016/17 results.

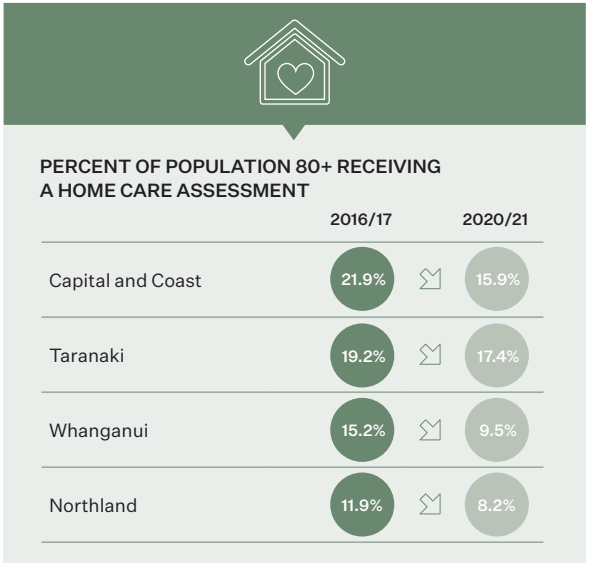
Of those who reported not feeling lonely at the time of their final Home Care Assessment, 96.1% continue to not feel lonely.

Use of interRAI home care assessments across our District Health Boards has declined

This trend is leading to very concerning inequities in an older person's ability to access the care they need, and at the right level, depending on where they live.

Overall, the national average of those who are aged 80+ who receive an interRAI Home Care Assessment, has declined from 13.6% in the 2016/2017 data to 11.2% in the 2020/21 data.

Only two DHBs that showed a small increase including the Lakes District and West Coast, with the remaining DHBs' use of interRAI declining:



“The research shows that many older New Zealanders are both waiting too long to access the care they need, and access to that care depends on where they live.”

Equity and access to aged residential care at all levels

Many older people continue to wait longer to enter ARC in some regions, compared to others.

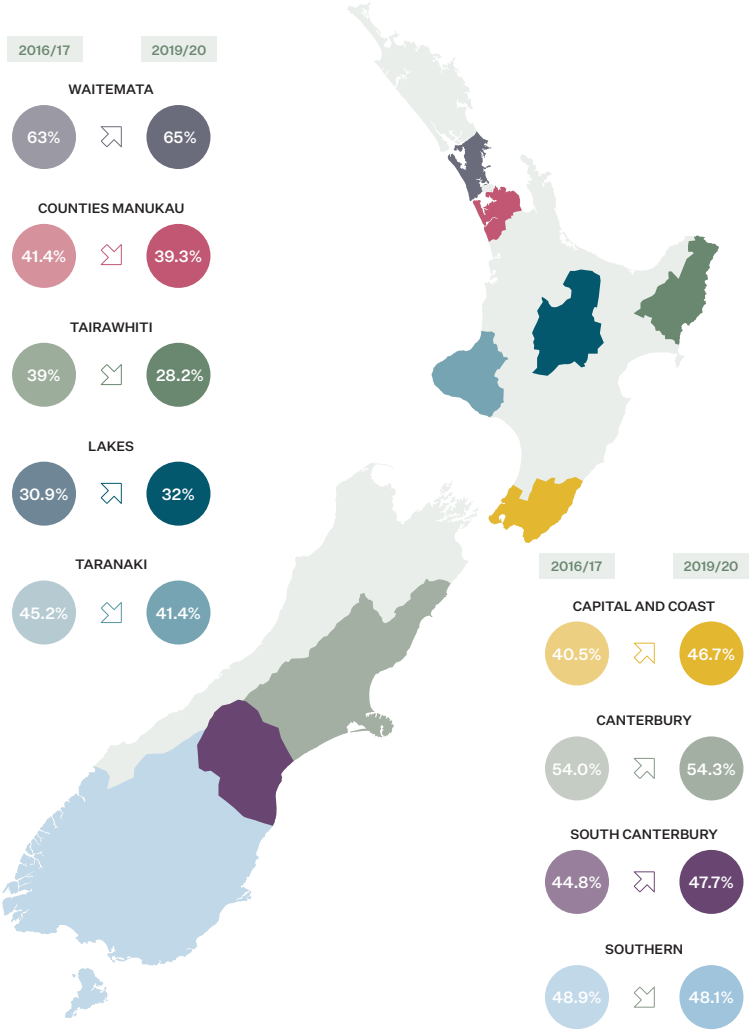
The research shows that many older New Zealanders are both waiting too long to access the care they need, and access to that care depends on where they live.

Nationally, 46.3% of older people scoring 4 or 5 on the MAPLe scale for the first time in a Home Care assessment in 2019/20 were admitted to ARC within 12 months of doing so. This is similar to the 46.5% of those scoring 4+ on the MAPLe scale for the first time in 2016/17 Home Care assessments.

In four DHB regions (Waitemata, Canterbury, Hutt Valley and Auckland) over half of those scoring 4+ on the MAPLe scale were admitted to ARC within 12 months of doing so for the first time. In contrast, in Tairawhiti, only 28.2% were admitted within a year.

PERCENT ADMITTED TO ARC WITHIN A YEAR OF FIRST MAPLe SCORE 4+

YEAR OF HOME CARE ASSESSMENT – 2016/17 COMPARED TO 2019/20



Equity and access to care at the right level across the DHBs

ARC residents continue to be funded by their DHBs into different levels of care, depending on where they live, leading to serious inequities both for an older person's health and wellbeing, and for the facility providers.

The analysis looked at the percentage of residents in each region with very high support needs through their CHESS (Change in Health End-Stage Disease, Signs and Symptoms)[8 9] and CPS (Cognitive Performance Score), who are in hospital, dementia or psychogeriatric care, after approximately six months in ARC.

CHESS

Nationally, 60.9% of residents who had their six-month routine reassessment in 2020/21 and had a CHESS score of 3+ are in higher levels of care, a slight decline from the 2016/17 result of 61.7%.

	2016/17		2020/21
Northland	53.8%	↗	72.3%
West Coast	37.5%	↗	42.9%
Auckland	82.2%	↘	63.4%
Nelson Marlborough	54.9%	↘	48.9%

COGNITIVE PERFORMANCE

Nationally, 71.1% of all ARC residents who had their six-month routine reassessment in 2020/21 and had a cognitive performance score (CPS) of 3+, were in hospital, dementia, or psychogeriatric care prior to this assessment.

	2016/17		2020/21
South Canterbury	71.4%	↗	87%
Hawke's Bay	61.9%	↗	71.9%
Bay of Plenty	76%	↘	67%
Wairarapa	50%	↘	38.9%

Increasing acuity of residents' needs at admission to an aged care facility

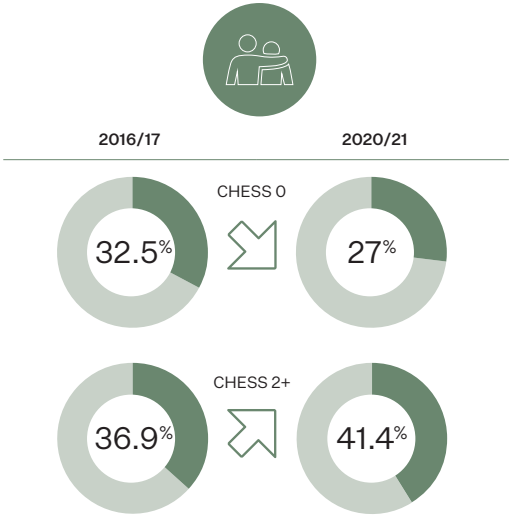
Residents are showing higher acuity over the past four years when they first enter an aged care facility, driving increased care costs at both rest home and hospital care levels that are not being compensated for. The research also shows that there are considerable variations in this trend across the different regions.

The research compares the health stability (CHESS) scores of residents admitted to an aged care facility in 2016/17 with 2020/21. The higher a CHESS score, the more care a person needs.

AT REST HOME CARE LEVEL

The percentage of new rest home residents admitted with a CHESS score of 0 (no symptoms) fell over four years from 32.5% to 27.0%.

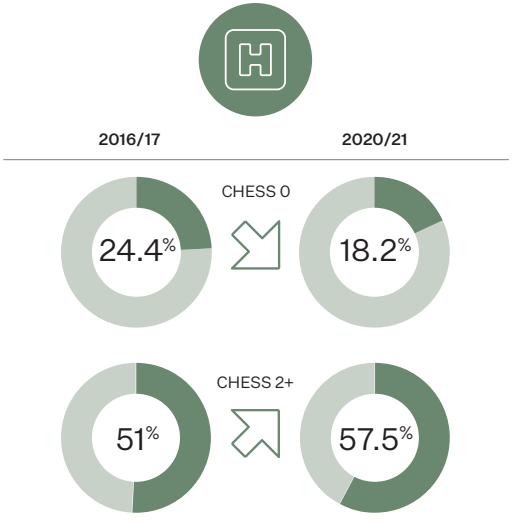
The percentage of residents admitted with a CHESS score of 2 or more, rose from 36.9% in 2016/17 to 41.4% in 2020/21.



AT HOSPITAL CARE LEVEL

The percentage of new hospital level residents admitted with a CHESS score of 0 fell from 24.4% in 2016/17 to 18.2% in 2020/21.

The percentage of new residents admitted at hospital level with a CHESS score of 2 or more has risen from 51% in 2016/17 to 57.5% in 2020/21.



Aged residential care: supporting new residents' health and wellbeing

The significant improvements in the health and wellbeing of older people in the six months after they enter an aged care facility were canvassed in detail in the NZACA's earlier report in 2018, *'Caring for our Older Kiwis'*.

> **Simon Wallace says, "The results of the 2020/21 analysis of the data are very comparable to the analysis of the 2016/17 outcome scales. They show that across the key interRAI indicators of an older person's health and well-being, health outcomes improve for most people for the first six months after they enter ARC."**

The latest analysis undertaken by the NZACA involves comparing a person's interRAI outcome scores in their last Home Care Assessment with the corresponding scores in their first routine LTCF interRAI reassessment, during 2020/21. This first routine reassessment is required to be undertaken once residents have been in ARC for six months.

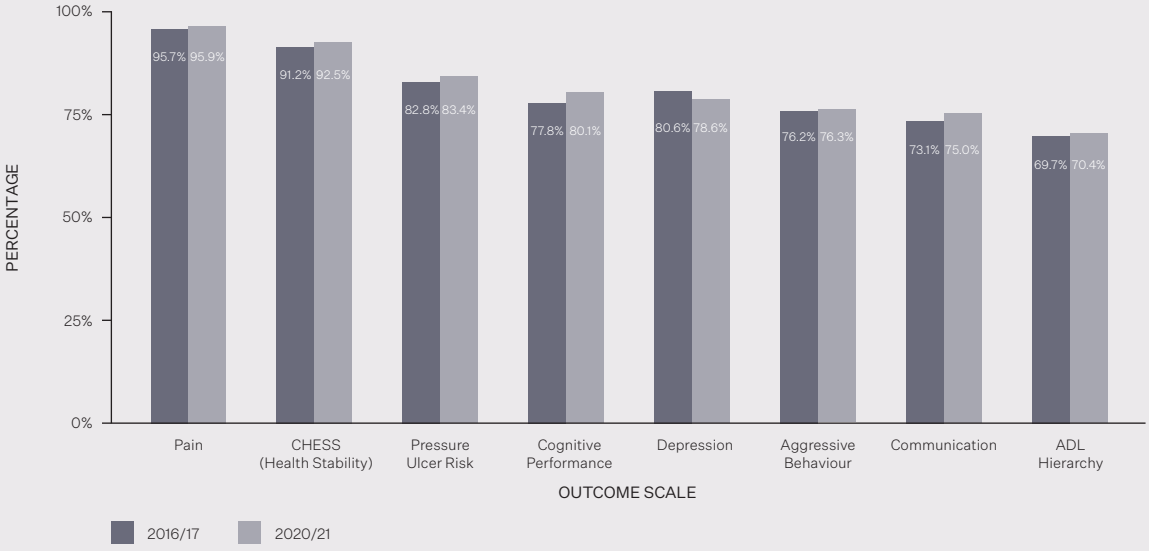
The key areas that have been examined provide important information on an older person's health and wellbeing. These include activities of daily living (ADL Hierarchy), health stability (or CHESS), depression, pain, pressure sores, cognitive performance, aggressive behaviour and communication[10]. Only those people whose outcome scores could potentially move up or down have been included, to support the clarity of the analysis.[11]

"Significantly, 60.3% of people reported improved levels of pain in the six months after entering an Aged Care Facility, with a total of 95.9% reporting either improved or sustained levels.

In addition, 74.7% of people showed an improved CHESS or overall health stability score, with 92.5% reporting either improved or sustained levels. These are key areas that impact on an older person's overall health and wellbeing."

Summary of benefits across the interRAI Outcome Scales

IMPROVEMENT + SUSTAINED FROM LAST HC ASSESSMENT TO FIRST LTCF ROUTINE REASSESSMENT



Year of first routine LTCF assessment

* The results shown above summarise the significant improvements on the health status of care in ARC, between the final HC and first routine reassessment after 6 months residence in ARC. The figures show the percentage of those ARC residents whose scores could go either way from their final HC assessment, whose interRAI outcome scores improved or stayed the same for the 2016/2017 analysis and for 2020/2021.

Our Older Kiwis and Loneliness: Reducing Social Isolation

Social isolation and loneliness are some of the biggest contributors to depression. As an older person's health declines, they may struggle with mobility and many of the activities of daily living, reducing their independence and ability to connect with other people impacting on their health and wellbeing.

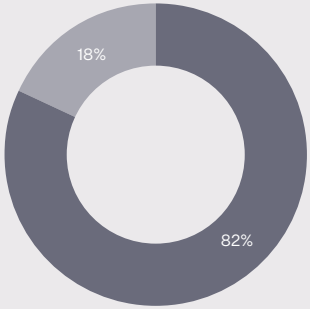
An older person's loneliness is a factor which the District Health Boards take into account when deciding on care and support options for older people, including ARC. People can become lonely for many reasons including bereavement, disability, illness, and simply by ageing and living alone.

Overall, the analysis of the 2020/21 data shows that 25% of clients reported feeling lonely in their final Home Care Assessment before entering an aged care facility, and the remaining 75% did not feel lonely.

Simon Wallace says, "Against the backdrop of Covid-19 restrictions and stringent health measures to ensure the safety of our older residents, we are encouraged by the results of the analysis which show that of those people who reported being lonely at the time of their final Home Care Assessment, 82% reporting not feeling lonely after around six months of aged care, with 18% still feeling lonely.

"These results mirror the analysis in the 2018 report, and it is a testament to the creativity of our providers that they have continued to ensure their residents are well supported socially during the pandemic."

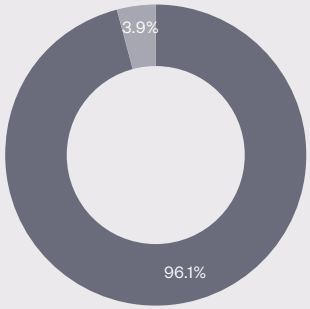
LONELINESS AT SIX MONTH LTCF ROUTINE REASSESSMENT AMONG THOSE WHO WERE LONELY AT THEIR FINAL HC ASSESSMENT



Filter: Recorded as "Lonely" in final HC assessment.

Of those who reported as being not lonely at the time of their final Home Care Assessment before entering ARC, 96.1% continue to report not feeling lonely at the time of their routine reassessment in ARC.

LONELINESS AT SIX-MONTH LTCF ROUTINE REASSESSMENT AMONG THOSE WHO WERE NOT LONELY AT THEIR FINAL HC ASSESSMENT



Filter: Recorded as "Not Lonely" in final HC assessment.

Registered Nurse Anna Blackwell is a member of the NZACA Nursing Leadership Group, providing advice on policy and practices relating to aged care. She also owns and manages aged care facility, Cook Street Nursing Care Centre, in Palmerston North. Anna spends a huge amount of time on the floor with her team and her residents, and says that she is not surprised by the results.

"Entering an aged care facility means you suddenly have more interactions with people throughout the day, from kitchen staff and housekeepers, to the nurses helping with medication, and the day-to-day care, support and conversation with health care assistants over all the different aspects of your life.

"I so often hear new residents and their families say what a difference the frequent care and contact in an aged care facility makes. Entering care is often a really tough decision for an older person and their family, but the experience can be so much more positive than what people think it will be.

"Regular social interaction throughout the day plays a key part in helping to prevent and manage depression, and what many people find when they enter care, is that they also gain more control over the decisions in their daily lives, which also aids their mental wellbeing."

Anna says, "What we are seeing at the coal face is that many people can be in pretty bad shape when they arrive into aged care. They have lost so much of their independence and ability to make decisions over their daily lives, relying on family or carers for support. This increases their feelings of loneliness, vulnerability and depression.

"When a person enters an aged care facility, they start having many interactions with different people throughout the day. It's the small things that make the difference; I often explain to people that once they enter care, an older person is able to make everyday decisions about their food choices, and whether they participate in group activities, or join others for meals. In my experience, this all helps an older person at this stage in their life feel a bit more like themselves again, and the more regular interactions give them something to look forward to, and help reduce feelings of isolation.

''Aging in your own home by yourself when you are struggling to cope with many of the tasks of daily living, can at times be overwhelming. Planning meals and running a home can all impact hugely on a person's feeling of self-worth if you are finding it difficult to cope, and can again highlight a person's sense of isolation and aloneness.

"Moving into an aged care facility at the right time can make such a big difference. So often I hear residents' comment that they have pushed back accepting 24-hour care for so long, but now feel as if a weight has been lifted off their shoulders once they have entered care," says Anna.


ANDREA

Comparing the use of interRAI across our regions

The NZACA has compared the number of people aged over 80 who received an interRAI Home Care Assessment in 2020/21 with the results of the 2016/17 analysis.

"Our analysis shows that, alarmingly, not only does there continue to be significant inconsistencies in the use of the interRAI Home Care Assessment suite of tools between the DHBs, it also shows that the use of these assessment tools has actually declined during this period.

"This is an impediment to nation-wide studies of equity in the access of older people to the support they need, whether through home support or ARC, and it is leading to very discerning disparities in a person's ability to access the care they need, and at the right level, depending on where in New Zealand they live" said NZACA Chief Executive Simon Wallace.

The interRAI suite of assessment tools provide a clinical assessment of needs that enable ARC facilities to track a resident's overall health and well-being and to plan personalised care for the resident.[12]

InterRAI was made mandatory in New Zealand in 2015 to help ensure adequate and consistent care for our older people. An older person must have a recent interRAI Home Care assessment as a prerequisite for admission into ARC.

Using common measures enables clinicians and providers in different care settings (home, residential care, and public hospital) to improve continuity of care and support for each individual. The interRAI assessment software enables families, advocates, and payers to track a person's progress and allows for information to be aggregated to provide data at facility, regional and national level.

The NZACA is also aware, from responses to requests made under the Official Information Act,[13][14] that some DHBs continue to use tools other than interRAI Home Care Assessments to assess the support needs of older people living at home. The NZACA is concerned that some DHB regions are still applying the interRAI assessments only when an older person is perceived as being at a high risk of requiring ARC.

The NZACA has compared the administration of interRAI Home Care Assessment and Long-Term Care Facilities (LTCF) assessment tools, between the DHBs, for the 2020/21 period for people over the age of 80 who have an assessment, who are not yet in ARC.

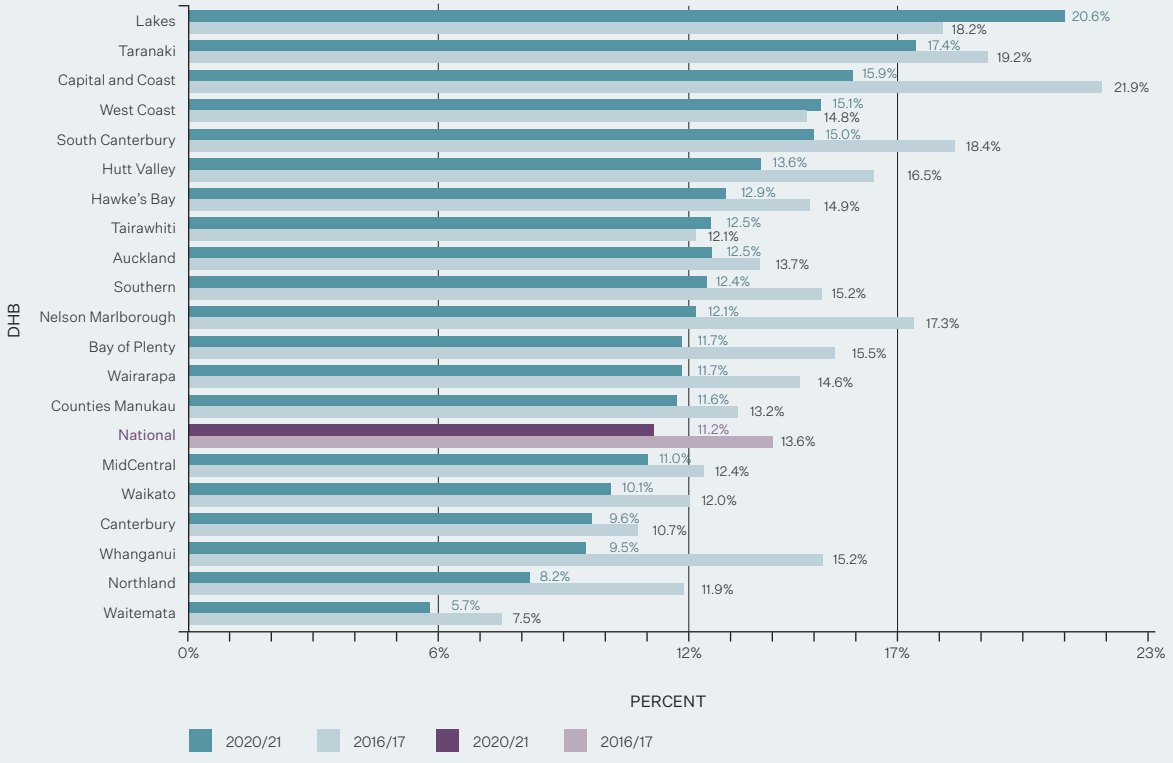
Simon Wallace says, “The inconsistent use of a standardised approach to assessing and responding to the care needs of older people, leads to inequities over access to care, care at the right level, and sees many people missing out on the benefits of ARC to their overall health stability and wellbeing.

“When we compare data on the administration of the interRai Home Care assessment in 2016/17 with its use in 2021/22, what is really concerning is the lack of progress and urgency to address this issue to ensure our older population are being treated equally, regardless of where they live. The results at that time raised significant questions over whether many older people were simply waiting too long to access care, and that both access to care, and care at the right level, varied according to where a person lives.”

Overall, the results of the analysis show that the national average of those who have received an interRAI Home Care Assessment has declined from 13.6% in 2016/17 to 11.2% in 2020/21. There were very small increases in only two regions; in the Lakes District, 20.6% of people over 80 received an assessment (an increase from 18.2%), and in the West Coast, 15.1%, (an increase from 14.8%).

The remaining DHBs' use of the interRAI Home Care Assessment declined over this period. In addition, the discrepancies between the various DHBs continue to be significant, with only 10.1% of those over 80 receiving at least one assessment in the Waikato, whereas in Taranaki, the number is higher at 17.4%.

PERCENTAGE OF POPULATION 80+ (NOT IN ARC) RECEIVING AT LEAST 1 HOME CARE ASSESSMENT DURING YEAR



Home and Community Health Association Chief Executive, Graeme Titcombe, says that the inconsistent results regarding access to aged residential care around the country are not surprising.

Home and Community Health Association Chief Executive, Graeme Titcombe, says that the inconsistent results regarding access to aged residential care around the country are not surprising.

"It is well known that there are inequities in accessing care for older people. I look at this issue from the perspective of those who choose to remain at home, but the impact of inequity and access to care flows all the way through an older person's journey. People are missing out on getting the right support and enjoying better health and wellbeing, whether that be at home or in a facility because of where they live.

"An important contributing issue from a home care perspective is the inconsistent way in which the interRAI assessments are being responded to across the different DHBs. The Home and Community Health Association supports aging in place for as long as the person is managing with home care support. However, at some point people may need a higher level of care, and access to that care should never depend on where they live.

"We are very supportive of the NZACA's call for the new Health New Zealand and Te Mana Hauroa Māori agencies to act with urgency to ensure that every region uses and responds to standardised Home Care Assessments in a consistent way, to support both equitable access to care, and care at the right level."

The NZACA's Clinical Advisor, and co-owner of Chatswood Retirement Village in Christchurch, Rhonda Sherriff says, "It's so incredibly frustrating that the interRAI Home Care Assessment tools are not being used as they were intended.

"It is clear from the research that many DHB's are only using interRAI when an older person is about to enter an aged care facility. We also know that many DHBs are using a number of other non-standardised tools to assess residents, rather than using the InterRAI tools at all stages of community assessment.

"Flowing on from that, we are seeing inconsistent access to ARC around the country, and people entering aged care with an increasingly higher acuity of needs.

"The lack of use of standardised tools to assess the needs of our older people, is not only compromising their health and wellbeing but it is inequitable and unsustainable for providers as the annual bed-day rate increases simply do not take into account the higher needs of residents when they enter care.

"We simply can't have post code healthcare in New Zealand for our older people. We absolutely need a standardised way of assessing older people from home care right throughout an older person's journey, to ensure we deliver seamless care, matching the needs of residents equitably around the country. Achieving consistency of assessment across every region will also give more credibility to the assessment processes.


MALIK
PUMA

Equity and access to aged residential care at all levels

When an older person is given a Home-Based assessment, they receive a range of scores, including a MAPLe score between 0-5, to determine their level of priority or risk of needing support, including ARC.

The Joint Aged Residential Care Steering Group in 2015 identified that if an older person obtains a MAPLe[15] (Method of Assigning Priority Level) score of 4 or 5, it means that ARC should be considered as a care option.[16 17]

"A MAPLe score of 4 indicates that an older person is a high priority and is at risk of adverse outcomes, likely needing residential support. A score of 5 indicates that the person is a very high priority and is likely to need 24-hour care at either hospital level or in the community," says Simon Wallace.

"However, the results of the interRAI data relating to the percentage of people admitted to residential care at all levels within 12 months of obtaining a MAPLe score of 4 or 5, varies greatly across the DHBs.

"This means people in some regions are potentially remaining at home for longer than they should, whereas in other regions they are able to enter care. In many cases, the delay in access to care is having serious consequences for their health and wellbeing as evidenced by the data relating to acuity at admission.

"These are older people assessed as having very high support needs, and their ability to access ARC as a choice clearly varies according to where they live. While in some regions access has improved, the overall percentage evidenced by the national average of 46.3% remains low."

The base for this analysis is 2019/20 Home Care assessment data, which leaves at least one full year for people to be admitted into ARC before 30 June 2021. For comparison over time, we also carried out the analysis for those whose first score if 4+ on the MAPLe scale in Home Care assessments was in 2016/17.[18]

Around 65.0% of Waitemata DHB residents who scored were 4 or 5 on MAPLe for the first time in 2019/20 were admitted to ARC within 12 months. This was slightly up from the 63% of those obtaining this score in 2016/17 who were admitted in the 12 months following their Home Care assessment.

However, in Tairawhiti the percentage for 2019/20 Home Care assessments is only 28.2% admitted within a year, a significant drop from the 39.0% for those whose Home Care assessments were in 2016/17.

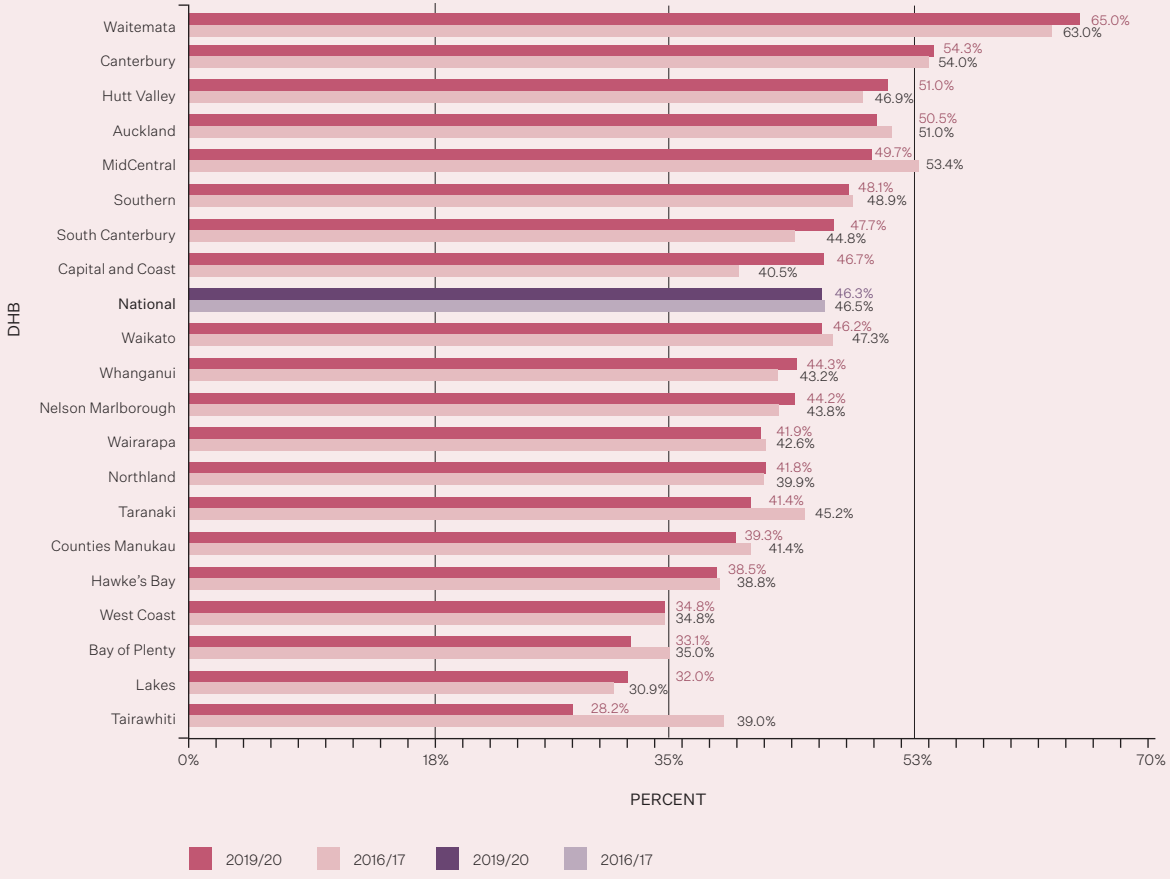
The analysis in the graph to the right shows the percentage of people admitted to long term residential care within 12 months of the date of the Home Care assessment in which they obtain a MAPLe score of 4 or 5 for the first time across the DHBs. The years of Home Care assessment shown are 2016/17 and 2019/20.

"While it is good to see some regions improving on their scores with more people entering aged care after receiving a MAPLe score of 4 or 5, the obvious and persistent inequities around the country are unacceptable.

"For example, from the 2019/20 base, 49.7% of those who lived in the MidCentral DHB were admitted to aged care within 12 months, but by contrast, only 38.5% of those living close by in Hawkes Bay were admitted to aged care within 12 months of obtaining a MAPLe score of 4+ for the first time.

"Why should a person's choices or access to the right care depend on whether they live in MidCentral or Hawkes Bay? If a person needs ARC, then they must be able to access it in an equitable way regardless of where they live," says Simon Wallace.

PERCENTAGE OF INDIVIDUALS SCORING 4 OR 5 ON MAPLe SCALE FOR THE FIRST TIME IN YEAR WHO WERE ADMITTED TO ARC WITHIN THE NEXT 12 MONTHS



Equity and access to care at the right level across the DHBs

Analysis of the 2020/21 interRAI data shows that there continues to be significant discrepancies across the DHBs over equity of access to higher levels of care when residents are funded into ARC.

The analysis of interRAI assessment data looked at the percentage of residents in each region with very high support needs who are in hospital, dementia or psychogeriatric care, after approximately six months in ARC.

The two indicators of support need the NZACA considered in this analysis, are the key areas of an older person's overall health stability (CHESS score), and cognitive performance (CPS score). A score of 3+ on these scales indicates that people are at risk of needing a higher level of care than rest home level[19 20].

It is important to note that the interRAI CHESS and CPS outcome scores do not in themselves show what care level a resident should be assigned to, as there are other clinical considerations which are not necessarily recorded in interRAI records.

However, if there were no regional variations in practice in admission to both each care level, and changes in care level, then we would expect to see a similar percentage of the highest needs individuals in the higher care levels across the country.

"It is very concerning that the analysis shows people who have similar CHESS or CPS scores continue to be admitted to different levels of care depending on where they live," says Simon Wallace.

"A person's health stability as indicated by their CHESS score for example, is a really important indicator of their overall health and wellbeing. Cognitive performance is also an important factor in determining a person's risk of needing higher care.

"The results strongly indicate that there are many older people who could be enjoying better health stability if they were being funded to receive the right level of care.

"People being cared for at the right level for their needs is vitally important, not only for the older person's health and well-being, but also for the care facilities and carers involved. Funding from the Government needs to cover the cost of providing the level of care that is required – otherwise the sustainability of care facilities is threatened.

"An emerging issue is that our members are increasingly commenting that they must provide the care that a very high acuity resident needs, whether or not that degree of care is acknowledged and funded by the DHB", says Simon Wallace.

"The figures in both the CHESS and CPS analysis charts show that those DHBs with a lower percentage of highest need residents in the higher care levels in 2016/17, tend to again be amongst the lower ranked DHBs in 2020/21.

"Clearly the data is not showing consistency in access to higher care levels across the different regions, raising serious concerns about equity to the right care for our vulnerable and older New Zealanders. The fact that there has been little overall improvement in equity of access to care at the higher levels of care since the 2016/17 analysis was released in 2018, is incredibly disappointing," says Simon Wallace.

HEALTH STABILITY (CHESS)

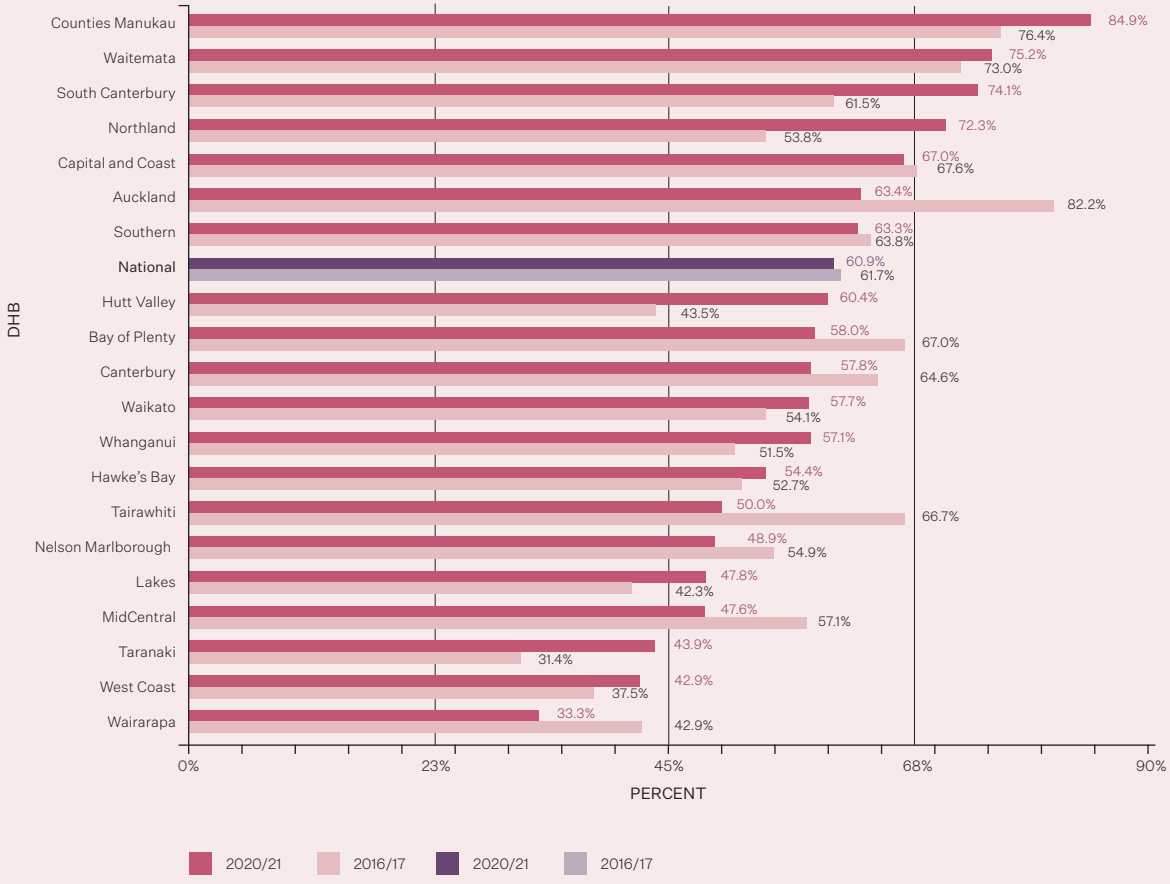
The results show that the percentage of ARC residents who had a CHESS score of 3+ in their six-month routine reassessment in 2020/21, and are in higher levels of care (hospital, dementia or psychogeriatric), ranges from 33.3% in Wairarapa DHB to 84.9% Counties Manukau.

Nationally, 60.9% of aged care residents who had their six-month routine reassessment in 2020/21 and had a CHESS score of 3+ are in higher levels of care at the time of this reassessment. However, this drops to 33.3% for aged care residents in Wairarapa DHB, 42.9% in West Coast DHB and 43.9% in Taranaki DHB. By contrast, if a person lives in Counties Manukau, 84.9% of those with the same score will be in higher levels of care and in Waitemata, 75.2% will be in higher levels of care, as will 74.1% in South Canterbury.

The data also indicates how these percentages have changed across the DHBs since 2016/17. At the national level there has been only a slight decline (from 61.7% to 60.9%), however, there has been a marked fall in the Auckland DHB – down from 82.2% in 2016/17 to only 63.4% in 2020/21.

On the other hand, the Northland DHB percentage increased from 53.8% to 72.3%. The percentage in Hutt Valley has risen from 43.5% to 60.4%, now closer to the 67.0% in neighbouring Capital and Coast.

PERCENTAGE OF ARC RESIDENTS WITH CHESS SCORE 3+ PRIOR TO THEIR FIRST ROUTINE REASSESSMENT WHO ARE IN HOSPITAL, DEMENTIA OR PSYCHOGERIATRIC CARE AFTER SIX MONTH'S RESIDENCE.



FILTER: Residents with CHESS score 3+ in admission assessment, or subsequent change of status assessment, prior to first routine reassessment 2020/21. 2020/21 N=1467

COGNITIVE PERFORMANCE

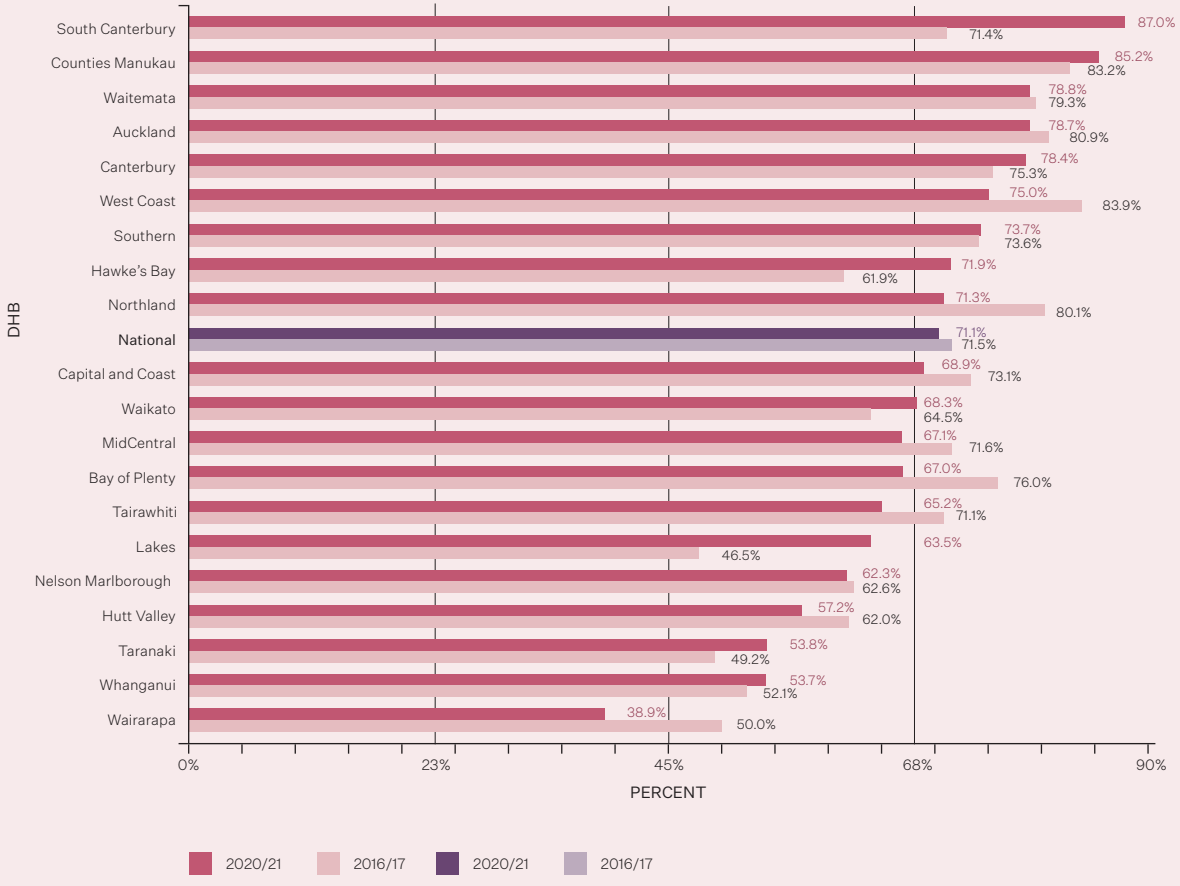
Nationally, 71.1% of all ARC residents who had their six-month routine reassessment in 2020/21 and had a cognitive performance score (CPS) of 3+, were in hospital, dementia, or psychogeriatric care prior to this assessment. At the lowest end, only 38.9% of residents in the Wairarapa who scored 3+ in their CPS assessment were in higher levels of care at their six month assessment, and at the higher end, 87% of residents in South Canterbury were in higher levels of care.

Other DHBs with a relatively low percentage of people who obtained a CPS score of 3+ who are in higher levels of care include Whanganui (53.7%), Taranaki (53.8%) and the Hutt Valley (57.2%).

In contrast, residents who live in Waitemata (78.8%) and Counties Manukau (85.2%) are well above the national average of the percentage of ARC residents with a score of 3+ living in higher levels of care. Other DHBs with a relative high percentage of CPS score 3+ ARC residents include Auckland (78.7%), and Canterbury (78.4%).

The data also illustrates how this percentage has shifted between 2016/17 and 2020/21 across the DHB regions. There was little change at the national level – a slight decline from 71.5% to 71.1%. However, in Wairarapa the percentage fell from 50.0% in 2016/17 to 38.9% in 2020/21, and in Bay of Plenty from 76.0% to 67.0%. In contrast, the percentage increased in Lakes from 46.5% in 2016/17 to 63.5% in 2020/21 and in South Canterbury from 71.4% to 87.0%.

PERCENTAGE OF ARC RESIDENTS WITH CPS SCORE 3+ PRIOR TO THEIR FIRST ROUTINE REASSESSMENT WHO ARE IN HOSPITAL, DEMENTIA OR PSYCHOGERIATRIC CARE AFTER SIX MONTH'S RESIDENCE



FILTER:Residents with CPS score 3+ in admission assessment, or subsequent change of status assessment, prior to first routine reassessment in 2020/21. 2020/21 N=3158


ROS

Increasing acuity at admission to aged residential care across the regions

"The data confirms the feedback from facility providers that the acuity of needs of ARC residents admitted at both rest home and hospital level have been increasing." Simon Wallace

The NZACA has compared the distribution of the CHESS scores of newly admitted rest home care level residents in 2020/21 with the distribution in 2016/17, and the results show a statistically significant shift towards higher acuity. This same shift is observed with new admissions at hospital level care.

In addition, there are significant variations between the regions in both rest home level and hospital level care.

Not only does this compromise the health and wellbeing of our older New Zealanders, but it is inequitable and unsustainable for our providers. The annual increases in the bed-day rate simply do not take account of this factor helping to drive increasing care costs at each level.

Simon Wallace says, "It appears that some DHBs are not using the interRAI Home Care Assessment as it was intended, and are only using it right before a person is admitted into ARC. While it is a requirement that a person has an interRAI assessment to enter aged care, the suite of assessment tools was intended to have a far wider application.

"Many facility providers in the sector have long provided feedback that the acuity of needs of residents when they are admitted into ARC, particularly at rest home level, has been increasing, along with the costs of providing the right level of care that people need. However, the interRAI Home Care Assessment was only made mandatory in 2015 to enter care and we have been unable to meaningfully analyse and compare data until now," he says.

“The end result of the declining and inconsistent use of interRAI across our DHBs means that many vulnerable and older people are simply missing out on being identified as needing additional support, and are waiting too long to enter care, compromising their health and wellbeing based on where they live.

“In addition, the funding has not kept pace with the increase in acuity of needs. Facilities are facing huge challenges providing the right level of care for residents who are admitted into rest home care for example, when they should be in hospital level care.

“Against the backdrop of the increased costs of keeping our residents safe during the pandemic, and the alarming lack of registered nurses to care for the increasing needs of so many of our residents, some providers have simply had to close their doors.

Registered Nurse and facility operator Anna Blackwell says, “I am passionate about the role aged care plays in our health sector. Our older New Zealanders are some of the most vulnerable members of our society and they deserve to be well cared for and to enjoy the best health and wellbeing as they possibly can.

However, as a manager of an aged care facility, what keeps me awake at night is staffing. With the increasing acuity of our residents at admission, combined with the fact that we have such a massive shortage of registered nurses in this country, as a sector our ability to give our older people the care they need, and in an equitable way around the country, is not only severely compromised, but completely unsustainable going forward.

“Smaller facilities are closing in some regions due to serious shortages of registered nurses, with residents forced to leave their long-term community or neighbourhoods, to move to larger cities, away from family, friends and what is familiar – their support network.

“It’s not right that our older people face tough choices over whether to stay at home when they are struggling or move out of their community to access care.

“With the combination of the impact of Covid 19 and the border closures, New Zealand’s immigration policies, the lack of pay parity for nurses who work in ARC, and the impact of the increasing cost of living, many providers in the sector are on their knees.

‘When you look at the interRAI data, and the high needs of those entering ARC, the policy and budgetary decision makers need to understand that looking after our older adults is skilled work, and that when a person needs hospital level care, providers need to be properly funded to provide that level of care or we risk compromising the care of the elderly.”

Increasing acuity of needs at admission to rest home level

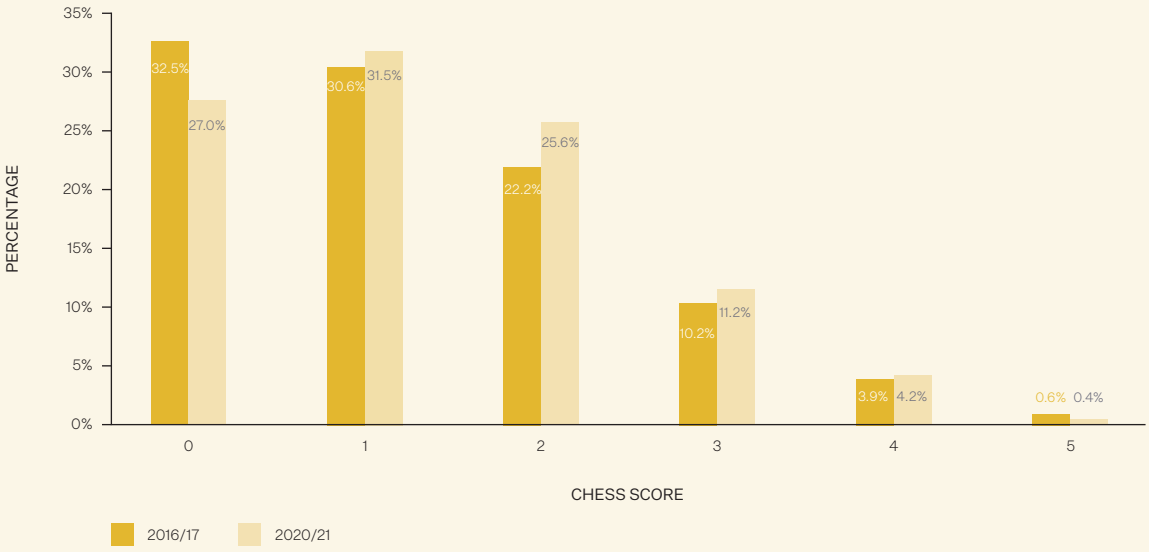
The data confirms the feedback from providers that the acuity of needs of residents admitted at each care level, in particular, at rest home level, have been increasing.

The NZACA's research has analysed and compared the records of residents' health instability (CHESS) at their admission interRAI assessment over the period from 2016/17 to 2020/21.

Simon Wallace says, "The percentage of new rest home residents admitted with a CHESS score of 0 ("no symptoms") fell over four years from 32.5% to 27.0%.

However, over the same time period, the percentage admitted with a CHESS score of 2 or more rose from 36.9% to 41.4%. There is a statistically significant difference in the distribution of CHESS scores between the two periods. The higher a person's CHESS score and needs at admission, the more support they will need.

CHESS SCORES OF REST HOME LEVEL RESIDENTS AT FIRST (ADMISSION) INTERRAI ASSESSMENT

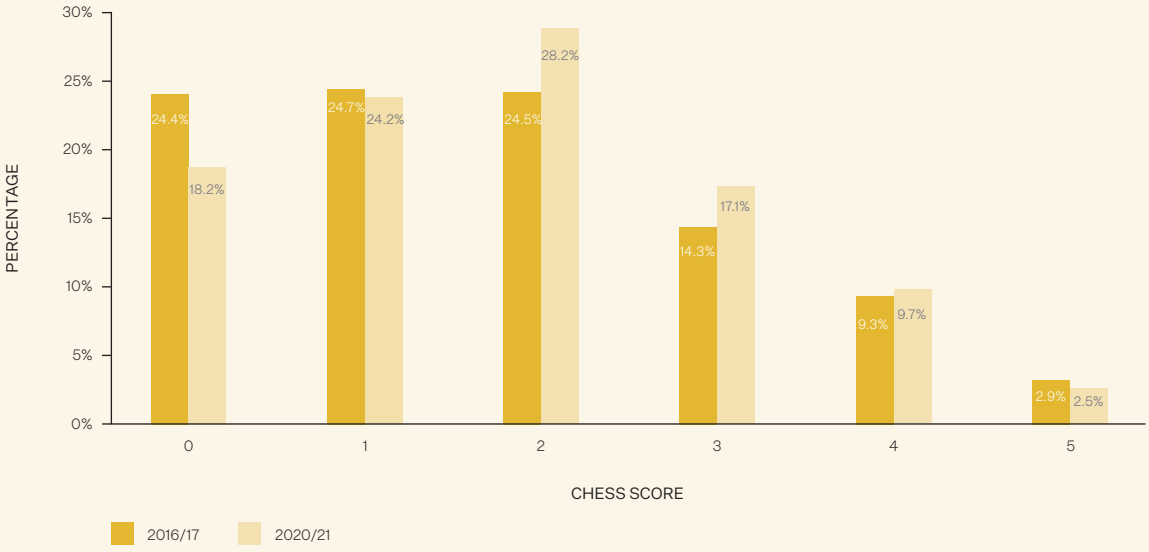


Now looking at the distribution of CHESS scores of new residents admitted at Hospital Care level in 2016/17 and in 2020/21, again the data indicates a shift towards higher acuity over the four years, with a statistically significant difference.

The percentage of new hospital level residents admitted with a CHESS score of 0 fell from 24.4% in 2016/17 to 18.2% in 2020/21.

The percentage of new residents admitted at hospital level with a CHESS score of 2 or more has risen from 51% in 2016/17 to 57.5% in 2020/21.

CHESS SCORES OF HOSPITAL LEVEL RESIDENTS AT FIRST (ADMISSION) INTERRAI ASSESSMENT



NZACA Clinical Advisor, and Co-Owner of Chatswood Residential Village in Christchurch, Rhonda Sherriff says, "While I am not surprised, I am still deeply concerned that in a county like New Zealand our older people's health and wellbeing are being compromised in this way.

"As facility owners and managers, we've seen what's been happening at the coal face, with increasing numbers of residents being admitted with higher needs than ever before.

"The research provides us with concrete evidence of this worrying trend. From my perspective, people are entering care at a later stage in their journey, and for many, their health and quality of life has clearly been compromised as a result. Often by the time they come into care, the older person is stressed, has high needs, and it's been a difficult period for them and their families too.

"It's also getting harder from an industry perspective to meet the increasingly high care needs of residents as the current funding model does not recognise what is actually happening in the sector. I am constantly seeing people enter care at rest home level who should be at hospital level, and it's not right to have these inequities across the different regions.

"If facilities are going to need to provide higher levels of care, then we need to be funded to do so, and access to the right level of care needs to be equitable, and not depend on where a person lives.

"When a person has a CHESS score of 2 or more for example, they are experiencing a loss of independence and that really impacts on a person's feelings of loneliness and isolation. As a facility provider I can really see the change in a person with a CHESS score of 2 and above, people are needing more input into their care, with meals, housework, mobility and the basic tasks of everyday living. Their social structure has started to deteriorate at this point as a result of their declining independence.

"If we had one consistent tool for assessing the needs of older people, that is used and responded to in the same way across every region, then at least we could start to address some of these issues in a transparent and more equitable way for both the person concerned, and the facility provider."

Comparison of acuity at admission across the DHBs

Looking at regional variations, the NZACA has also compared the percentage of new residents admitted at both rest home and hospital level who have moderate to high CHESS scores (2 or more) in their admission assessment across the DHBs.

The results show considerable regional variations, indicating again that in many regions older people are potentially remaining at home longer than they should, and entering care with higher acuity, depending on where they live in New Zealand. This also means that many of our providers are funded inequitably depending on which region they operate in.

REST HOME LEVEL

There is a wide range in this percentage, from 28.6% in 2020/21 in Tairawhiti who are admitted to care with a moderate to high CHESS score, to 56.7% on the West Coast.

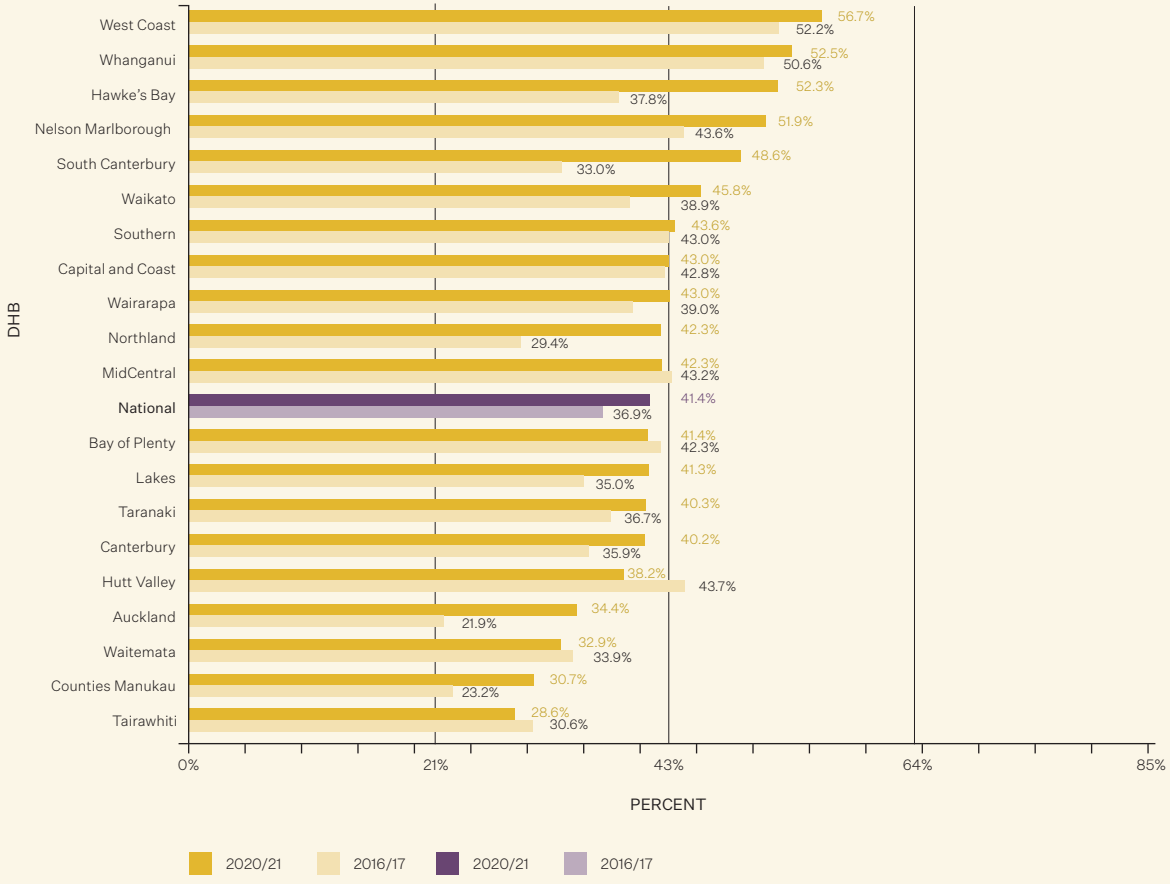
The three DHBs of metropolitan Auckland have a relatively low percentage of new rest home level admissions with moderate to high CHESS scores – 30.7% in Counties Manukau, 32.9% in Waitemata and 34.4% in Auckland.

At the other end of the scale, the percentage of new rest home level admissions with moderate to high CHESS scores were Whanganui (52.5%), Hawkes Bay (52.3%) and Nelson Marlborough (51.9%)

"The reality is, if you run a facility in Nelson or the Hawkes Bay for example, where you have a higher percentage of new residents being admitted with increased needs at rest home care level, your costs will be higher than at a facility in a region such as Auckland which has a lower percentage of residents' being admitted to rest home care level with moderate to high CHESS scores, says Simon Wallace.

"The annual increases in the bed-day rates paid by DHBs do not take into account the increasing acuity of residents' needs when entering each level of care, nor do they factor in these considerable regional variations, impacting inequitably on both the residents and the providers."

REST HOME LEVEL RESIDENTS AT FIRST (ADMISSION) INTERRAI ASSESSMENT % AT HIGHER ACUITY CHESS (2+) SCORES



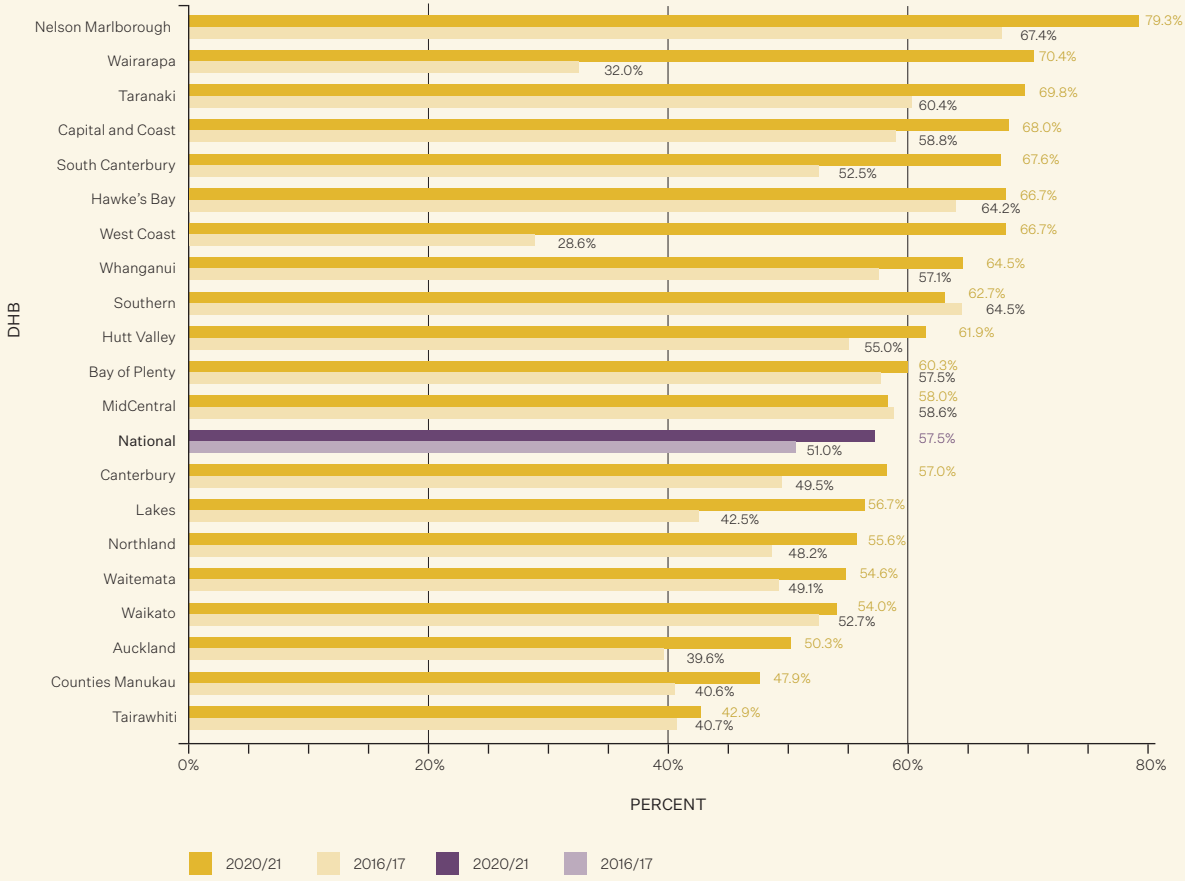
2020/21 N=5088

HOSPITAL LEVEL

Once again there is a wide range in this percentage, from 79.3% in 2020/21 in Nelson Marlborough who are admitted to care with a moderate to high CHESS score, to 42.9% in Tarawhiti.

Similarly, the three DHBs of metropolitan Auckland have relatively low percentage of new hospital level care admissions with moderate to high CHESS scores – 47.9% in Counties Manukau, 50.3% in Auckland and 54.6% in Waitemata.

HOSPITAL LEVEL RESIDENTS AT FIRST (ADMISSION) INTERRAI ASSESSMENT % AT HIGHER ACUITY CHESS (2+) SCORES



Equity and Access: Our Call to Action

The comparisons made in this report around an older person's ability to access residential care at the level appropriate for their needs, and the increasing acuity of residents at admission to all care levels, across the different DHBs, are deeply disturbing.

The analysis raises serious concerns that must be addressed about how we are supporting some of our older New Zealanders to live as well as they can in their most vulnerable years.

The analysis of the 2020/21 interRAI data strongly suggests that the decisions around both when a person can access ARC, and the level of care they receive when they do, continues to vary according to where they live.

While there are regions which are showing some improved access to care, and care at the right level, it is very challenging to see how little progress overall has been made since these issues were raised in the NZACA's 2018 report *Caring for our Older Kiwis: The right place, at the right time*, and that in fact, some regions have actually gone backwards.

What's also deeply concerning is the clear evidence supporting the feedback from providers that the acuity of residents' needs on admission to each care level are increasing, and that the consequent increase in average cost of care at each level is not being compensated for in funding.

The inconsistent use and response to interRAI assessments by the DHBs remains a key factor in the resulting inequitable access to the right care, at the right level, and is contributing to the increasing acuity of older people when they enter care in many regions. Our postcode healthcare approach to caring for our older population must stop and is a critical challenge for the new health agencies going forward.

New Zealand has an aging population, and with the ongoing impact of the pandemic and nursing shortage on already stretched resources in the sector, change isn't an option, it's an imperative.

The NZACA is calling on the Government and the newly established Health New Zealand and Te Mana Hauroa Māori to address these issues as a matter of priority, to ensure that there is a nationally standardised process and criteria for determining eligibility for ARC that is used, and responded to, in a consistent way across every region in New Zealand. Our older people deserve nothing less.

Acknowledgements

The NZACA would like to acknowledge all those who have contributed to this report, including:

- CHT Aged Care Fund for its grant to support the research underpinning this publication
- John McDougall, NZACA Data and Insight Specialist
- Carriann Hall, Chief Executive, CHT Healthcare Trust
- Graeme Titcombe, Chief Executive, Home and Community Health Association
- Anna Blackwell, NZACA Nursing Leadership Group and owner and manager of Aged Care Facility, Cook Street Nursing Care Centre, in Palmerston North.
- Rhonda Sherriff, NZACA Clinical Advisor and Co-Owner Chatswood Retirement Village.

References

[1] This report is available at https://nzaca.org.nz/wp-content/uploads/2020/03/NZACA-Caring-for-our-older-Kiwis-2018.pdf

[2] Hon Andrew Little 24 March 2021, "Access and Equity Focus of Health System Reforms" available at https://www.beehive.govt.nz/release/access-and-equity-focus-health-system-reforms

[3] *interRAI in New Zealand and The Benefits of interRAI.* interRAI New Zealand https://www.interrai.co.nz/about/interrai-in-new-zealand/www.interrai.co.nz

[4] This report is available at https://nzaca.org.nz/wp-content/uploads/2020/03/NZACA-Caring-for-our-older-Kiwis-2018.pdf

[5] Hon Andrew Little 24 March 2021, *"Access and Equity Focus of Health System Reforms"*.

[6] The data set, consisting of outputs from 662,609 completed interRAI assessments for 184,781 anonymised individuals was provided by interRAI New Zealand on 12 October 2021. The dates of the assessments range from 1 July 2014 to 3 October 2021.

Of the 39,241 individuals who had a Long Term Care Facility (LTCF) assessment in 2020/21:

- 4.8% were recorded as Māori ethnicity, 2.3% Pacifica, 3.3% Asian, 89.0% European, and 0.6% other.
- 64.2% were recorded as female sex, and 35.8% as male (0.05% sex other or unspecified).
- 3.8% were aged under 65 years; 3.9% aged 65-69 years; 8.0% aged 70-74 years; 12.6% aged 75-79 years; 19.3% aged 80-84 years; 23.2% aged 85-89 years; and 29.2% aged 90 years and over.

Of the 31,078 individuals who had a Home Care (HC) assessment in 2020/21:

- 8.3% were recorded as Māori ethnicity, 4.1% Pacifica, 4.2% Asian, 82.7% European, and 0.6% other.
- 58.5% were recorded as female sex, 40.9% as male and 0.6% other or unspecified.
- 6.3% were aged under 65 years; 5.8% aged 65-69 years; 10.8% aged 70-74 years; 15.4% aged 75-79 years; 21.1% aged 80-84 years; 21.6% aged 85-89 years; and 19.1% 90 years and over.

Fields in the dataset include: assessment date; date of admission to ARC; gender; ethnicity; age; location; DHB; care level at time of assessment; outcome scales; Clinical Assessment Protocols (CAPs); loneliness, carer stress, reduced social interactions and informal helper unable to continue items; date of death, if applicable; RUG ADL scores; RUG scores; and RUGIII groups.

[7] Hikaka J., Kerse N., *Older Māori and aged residential care in Aotearoa. Ngā kaumātua me te mahi tauwhiro i Aotearoa.* Health Quality and Safety Commission December 2021. The focus of the report is the lack of "culturally safe" care for Māori in ARC. It presents case studies of how ARC facilities can adapt to become more welcoming to Māori. Available at https://www.hqsc.govt.nz/resources/resource-library/report-older-maori-and-aged-residential-care-in-aotearoa-nga-kaumatua-me-te-mahi-tauwhiro-i-aotearoa/

[8] Hirdes JP, Frijters D, Teare G. 2003. The MDS CHESS Scale: A New Measure to Predict Mortality in the Institutionalized Elderly. *Journal of the American Geriatrics Society* 51(1)

[9] Hirdes, John P. et al. "Use of the interRAI CHESS Scale to Predict Mortality among Persons with Neurological Conditions in Three Care Settings." Ed. Ulrich Thiem. PLoS ONE 9.6 (2014): e99066. PMC. Web. 2 Nov. 2017.

[10] InterRAI NZ *Long Term Care Facilities (LTCF) Facility Managers and Administration Workbook*, December 2016. Presents information on each interRAI outcome scale including the scores under each scale, and descriptions of each score. Available from interRAI NZ in hard copy only.

[11] This analysis focuses on those whose health status and well-being, indicated by each interRAI scale in turn, could either improve or deteriorate after admission to residential care. If a person enters care with a score of 0 on a 0-5 interRAI scale, then ARC cannot make a measurable improvement to that aspect of a person's health. Similarly, a person already with a 5 on the scale cannot get measurably worse on that scale while in ARC. Therefore, in our analysis using the scale we select individuals with scores in the range 1-4 inclusive in their last HC assessment because their scores could go either way (or stay the same) once they enter ARC.

[12] interRAI New Zealand, *interRAI in New Zealand and The Benefits of interRAI.* https://www.interrai.co.nz/about/interrai-in-new-zealand/

[13] New Zealand Aged Care Association. *Report on OIA Request to DHBs on Eligibility Criteria for Aged Residential Care* (2017). Unpublished report, available on request.

[14] New Zealand Aged Care Association. *OIA request on DHB's ARC admissions policies and home support costs,* (2021). Unpublished report, available on request.

[15] Hirdes, John P, Jeff W Poss and Nancy Curtin-Telegdi, The Method for Assigning Priority Levels (MAPLe): A new decision support system for allocating home care resources BMC Medicine 2008 6:9

[16] Joint Aged Residential Care Steering Group. Minutes of meeting of 24 June 2015

[17] New Zealand Aged Care Association. *Review of National Thresholds for Aged Residential Care Initiative 2012-2015* (2017). Unpublished report, available on request.

[18] A major change to the algorithm calculating the MAPLe scale in New Zealand was implemented in May 2019, as explained in *Guide to Outcome Scales: interRAI Upgrade May 2019* (interRAI NZ 2019) available at https://www.interrai.co.nz/assets/Documents/Software/eebbb3bf99/Guide-to-Outcome-Scales-interRAI-Upgrade-May-2019.pdf. A minor change followed in November 2020, as set out in *interRAI NZ. Momentum Upgrade November 2020* (interRAI NZ 2020), available at https://www.interrai.co.nz/assets/Uploads/Momentum-Upgrade-HC-Specific-Changes-2020.pdf. The MAPLe outcome scores remain the same following these changes, but the percentage of Home Support clients on each score has been affected to a small extent. Refer *interRAI Data Quality Report July 2020 to June 2021* (interRAI NZ, 2021) available at https://www.interrai.co.nz/assets/interRAI-Data-Quality-Report-2020-2021-Final.pdf. We assume that the conclusion of the "National Thresholds for ARC" review (see references 16 and 17), that MAPLe scores of 4 and 5 means ARC should be considered as a care option, remains valid following these changes.

[19] This analysis considers the percentage of residents with a LTCF interRAI CHESS score of 3+, which indicates that a person needs extensive assistance or above, who are in hospital, dementia or psychogeriatric care after approximately six months in aged residential care. They could have been admitted directly to these higher levels of care on admission, or possibly were admitted at rest home level then transferred to a higher level of care based on the results of their admission interRAI assessment or a subsequent "significant change of status" assessment. The analysis does not include the score at the resident's six-month routine reassessment, as there may have been a deterioration since the preceding assessment which could not be expected to be reflected in the care level. The only information from the six-month reassessment that is used in the analysis is the care level at the time of that assessment.

[20] This analysis then considers the percentage of residents with a LTCF interRAI CPS score of 3+, which indicates that a person needs extensive assistance or above, who are in hospital, dementia or psychogeriatric care after approximately six months in aged residential care.

Contact NZACA

Level 11, Petherick Towers, 38-42 Waring Taylor Street, PO Box 12481, Wellington 6144, New Zealand
Phone: 04 473 3159 Email: office@nzaca.org.nz Web: www.nzaca.org.nz