

**Michal Boyd (WDHB)**

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**From:** [Pat\\_Chainey@moh.govt.nz](mailto:Pat_Chainey@moh.govt.nz)  
**Sent:** Monday, 8 November 2010 3:14 p.m.  
**To:** Michal Boyd (WDHB)  
**Subject:** Re: Project threshold of risk

Dear Michal

This request was reviewed by the chairperson, Dr Brian Fergus, and myself.

From the information given, this study does not need to come to an Ethics Committee. The researchers will be asking patients about service not actually their health. It is considered that an assessment of a tool is being performed.

Regards  
 Ms Pat Chainey  
 Administrator Northern X Regional Ethics Committee  
 Ministry of Health  
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<http://www.ethicscommittees.health.govt.nz>  
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"Michal Boyd (WDHB)"  
 <[Michal.Boyd@waitematadhb.govt.nz](mailto:Michal.Boyd@waitematadhb.govt.nz)>

To <[Pat\\_Chainey@moh.govt.nz](mailto:Pat_Chainey@moh.govt.nz)>

cc "Paul Carver" <[pcarver@HarbourHealth.org.nz](mailto:pcarver@HarbourHealth.org.nz)>

08/11/2010 12:21 p.m.

Subject Project threshold of risk

Dear Ethics Committee,

We are seeking ethical advice regarding a pilot project we are embarking upon. Harbour Health Primary Healthcare Organisation in collaboration with The University of Auckland Freemasons' Department of Geriatric Medicine has recently been awarded funding by the Health Workforce New Zealand to develop a Gerontology Nurse Specialist (GNS) role in primary care. The primary care GNS will work closely with existing secondary care Gerontology Nurse Specialists and Geriatricians. Essentially this is a shift in location for existing services, from secondary to a primary care base.

A trained primary care GNS will be based at Harbour Health PHO and work with four GP practices to organise proactive case-finding of high risk older people and perform comprehensive geriatric assessments at home. This project increases collaboration between primary and secondary care gerontology services, however there will be no change to access to existing secondary geriatrics services, and the project may increase access to these services.

In order to achieve an earlier assessment, a screening tool, the 11 item BRIGHT (brief risk identification of geriatric health tool) case-finding tool (Kerse & Boyd et al., 2008) will be mailed out to older adults 75 years and older enrolled in four practices. Older people that indicate difficulty with three or more risk items will receive a home visit by the gerontology nurse (GN) employed by the primary healthcare organisation. Referrals resulting from the screener will be subject to standard care coordination and utilisation. The GN will then perform a comprehensive geriatric assessment using the InterRAI MDS-HC tool. This tool has been

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mandated for use for community assessments in district health boards across New Zealand.

The programme will be audited using standard audit of service utilisation such as acute hospitalisations, emergency visits, laboratory and pharmacy costs when compared to older patients of practices that are not enrolled in the pilot project. Other data gathered will include the number of people with a BRIGHT score of three or more, GN interventions, Qualitative interviews with stakeholders including participating GP's and practice nurses, secondary care older adults gerontology team, and older adults themselves.

We are seeking advice from the Auckland Regional Ethics committee because we have determined that this project does not reach the threshold of risk according the observational study guidelines because:

- l Audits and related activities do not require ethics committee review, and does not reach the threshold of risk because:
  - o It does not depart from normal care, but enhances current care.
  - o It does not use stored samples.
  - o It does involve the secondary use of data for quality assurance, outcome analysis, or resource review done by people employed or contracted by the service provider holding the information.
  - o Data collection was undertaken by people employed or contracted by the service provider.
  - o All data analysed by the University research team will be anonymous
  - o An innocuous interview or focus group to discuss new forms of care delivery will be conducted by a research assistant from University of Auckland.

Do you agree that this study has not reached the threshold of risk? If so, we would appreciate a written confirmation from the committee stating this so that when we submit this study for publication we can state that it did not require ethical approval. If not, please would you advise us to how best to proceed in order that the story behind this data can be made available?

Regards,

Dr Michal Boyd  
 Sr. Lecturer  
 Freemasons' Department of Geriatrics Medicine  
 Faculty of Medicine and Health Sciences  
 The University of Auckland

Paul Carver  
 Project Manager  
 Harbour Health PHO

Mobile: 021 784 050

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