The NZ Role Delineation Model

OVERVIEW AND INSTRUCTIONS FOR USE

1   Introduction

This New Zealand Role Delineation Model (NZ-RDM) has been developed to differentiate complexity between services within, and across District Health Board providers. It was developed after a review of a number of models including the New South Wales Role Delineation Model (2002) and the Queensland Clinical Services Capability Model.

It was developed from a clinical provider perspective to ensure its validity and applicability in long term health system planning. It has been revised in 2014 for the central regions clinical services planning process.

The model creates specialty service capability levels that can be used to describe and understand patient services across the region. The planning process is under the governance of the CEs of the District health Boards within the central region.

2   The services

The model is very similar to the NSW Role Delineation model. There are nine sections (A to I) to the model for completion by your DHB for each facility you operate.

The sections are nine service categories:

        A.   Clinical Support

        B.   Patient Support

        C.   Emergency Medicine

        D.   Medicine

        E.   Oncology & Haematology Services

        F.   Surgery

        G.   Maternity & Neonatal Services

        H.   Paediatric Specialty Services

        I.   Older Adults Rehabilitation

3   Key Determinants

To delineate complexity is a focus on key determinants that reflect service complexity. It is purposefully focussed on a narrow range of indicators that can be verified and are recognised by providers as determinants.

It is important to note that the model uses key determinants that differentiate the capability of the service. The exclusion of criteria such as medical training positions, nursing roles and multidisciplinary teams does not detract from their importance in care but reflects that they do not change the complexity of care provided at the levels assessed in this model.

Please note NZRDM is not a quality framework, a service specification or a detailed service planning tool for resources or infrastructure. It specifically does not seek to:

- Describe service models of care or be a service specification;
- Reflect the resources that are required;
- Establish a service standard.

Hours of Access	The hours a service is available to receive patients for admission is a marker of capability.
Clinician Characteristics	The model focuses primarily on the medical hierarchy. This is driven by the medical model being easily verified and having a substantial correlation with clinical complexity.
Inter-specialty Relationships	Co-location with other specialties, in addition to support services, strengthens the ability to respond to increased patient complexity.
Patient characteristics	The characteristics of the patient, e.g. neonates and gestational age.
Key Procedures or Treatments	Procedure complexity e.g. bladder reconstruction. Limited use and mostly at the most complex levels to differentiate service complexity.

3.1 Key Determinant Descriptions

3.1.1 Hours of Access/SMO Presence

This outlines the availability of senior medical officers to respond to the needs of patients receiving care at the facility.

Normal Working Hours

- Monday to Friday during business hours. Not required to be fulltime. Is often able to be visiting, where stated.

Extended Hours

- Normal working hours plus evening and weekend cover. This may be having cover until 10pm weekdays and Saturday mornings.

After Hours

- Usually 10pm to 8am and weekend cover.

On-site or On-call

- On-site means there is an on-site SMO or medical officer. On-call means there are rostered on-call SMO or medical officers.

Rostered

- Means that there is a roster that designates an SMO available to provide the service.
- Where a roster is for a subspecialty such as neurology the form will identify where that roster must be all specialists in that area of practice, and not a generalist with a sub specialty interest.
- It is not possible above Level 5 for a generalist roster to cover a sub specialty e.g. for general medicine to be covering cardiology.

3.1.2 Clinician Characteristics

Uses Medical Hierarchies and identifies Senior Medical Officers (SMOs) and Resident Medical Officers (RMOs):

- A consultant or specialist must be recognised by an appropriate College for that area of practice.

- The model specifies where a recognised specialist in that specialty is required and not a generalist with a sub specialty interest.
- Where a medical office is stated, any level of medical officer including house officer, registrar. medical officer or senior medical officers

3.1.3   Patient Characteristics

The key area referencing patient complexity is surgery and anaesthetics. Please refer to the tables below, which are also on the cover of Anaesthetic Sheet These show the correlation between patient complexity and anaesthetic risk.

In describing anaesthetic service provision the Queensland Health "Clinical Services Capability Framework v3.1 2013" has been adopted. This is a matrix of the physical status of the patient adopted from the American Society ASA (American Society of Anesthesiologists) Scale and surgical complexity and is known as the Anaesthetic Service Capability Matrix.

TABLE TWO: LEVEL OF ANAESTHETIC RISK & PHYSICAL STATUS

	Physical Status Adults	Physical status Paediatrics
Low	ASA1 and ASA2	ASA1 and ASA2
Medium	ASA3	ASA3
Risk	ASA4 and ASA5	ASA4 and ASA5

TABLE THREE: ANAESTHETIC & SURGICAL SERVICE CAPABILITY MATRIX

Surgical Complexity	Surgical Anaesthetic Risk (Physical Status)		
	Low	Medium	High
Minor	Level 2	Level 2	Level 2
Intermediate	Level 2	Level 3	Level 4
Complex	Level 3	Level 4	Level 5

3.1.4   Clinical Networks & Telemedicine

The model is describing what happens within a facility and within a DHB. It does accommodate service provision and support from a network or telemedicine service where appropriate for the capability level. The following information is supplied:

- Where a Clinical Network is required it is specified.
- Where another provider is responsible for a regional network the model also enables that to be recognised.
- The model specifies where a visiting, telemedicine or regional network is able to be recognised.
- Telephone support from a specialist in another DHB or hospital is not able to be recognised unless it is part of a formal network or telemedicine service.

3.1.5   Sub-specialty Relationships

The model also requires a service to have an appropriate mix of sub specialties to achieve higher levels of complexity. This is specifically applies to Medicine, Surgery and Paediatrics. The table below indicates the range of core specialties required to achieve each Level 3 for the service overall and the additional range of specialties that are required to achieve the next highest level.

Where those additional specialties are only available on an elective basis, the impact on increasing the level is less than if those specialties are required to have acute access.

Level	Medicine		Surgery		Paediatrics	
	Acute (on-call 24 hrs)	Elective (Visiting)	Acute (on-call 24 hrs)	Elective	Acute (on-call 24 hrs)	Elective
L3	L3 General Medicine	L2 Cardiology	L3 Orthopaedic, Gynaecology, General Surgery.		L3 Paediatric Medicine,	
L4	L4 General Medicine, Cardiology, Gastroenterology	L2 Renal, Respiratory,	L4 Orthopaedic, Gynaecology, General Surgery	L3 Ophthalmology, ENT/ORL, Urology	L4 Paediatric Medicine,	L3 Paed General Surgery,
L5	L4 Gastro L5 General Medicine, Cardiology, Renal, Respiratory		L5 General Surgery, Gynaecology, Orthopaedic, L4 Ophthalmology, ENT/ORL, Urology	L4 Neurosurgery, Maxillofacial, L3 Vascular	L4 Paediatric Medicine, L5 Paediatric Gen Surgery,	L4 Paed cardiology, Paed neuro & neurosurgery, Paed ENT/ORL,
L6	L6 General Medicine, Cardiology, L4 Gastro, L5 Renal, Respiratory, Neurology,		L6 General Surgery, Gynaecology, Orthopaedic, L5 Ophthalmology, ENT/ORL, Urology, Neurosurgery, Plastics, Vascular, Maxillofacial,	L5 Cardiothoracic,	L6 Paed Medicine, L5 Paed orthopaedics, Paed ENT/ORL, Paed Cardiology & Cardiac Surgery, Paed neuro & neurosurgery,	L5 Paed Haem/Oncology

3.2 Complexity Levels

Within each category there are six levels of complexity. The six levels of complexity usually extends from community based services through to the most complex setting. The diagram below illustrates the levels of complexity. It is important to note that the ranking is within each service category and is to be applied to any healthcare facility.

General descriptions of the levels of complexity are outlined in the table below.

RDL	Level Descriptor	Description
1	Primary Services	Community based services provided by primary practitioners. May be in a rural, provincial or urban setting.
2	Community (General and convalescent) Services	General and convalescent services, sometimes in rural communities, providing sub-acute care and access to acute services.
3	Acute & Elective Specialist Services	Specialist services providing acute and elective care to communities.
4	More Specialised Services	Large services with some subspecialisation.
5	Major Specialist Services	Large services with multiple subspecialties & subspecialty support.
6	Supra Specialist & Definitive Care Services	Most complex service of any subspecialty. Will be a provider of definitive care (does not transfer to another centre)

4   Completing the Model:

There are nine sets of forms to complete, a total of 47 specialty forms per facility. You complete a set for each **FACILITY** within the District Health Board. To qualify a facility must be owned, or part owned, by the District Health Board. General Practise and NGOs are excluded. The facilities for your DHB have been listed in the attached check sheet,

The results will be validated with your COO, prior to being submitted to a Clinical Moderation Panel and then to the Regional CEOs. The Clinical Moderation panel has been selected by the CEs of the region and represents a wide spread of senior medical specialist from different specialities and types of hospitals.

4.1   Who to Involve?

This model can be completed by Clinical Directors and Service or General Managers who have a good understanding of the whole service. It is intended to be completed as a table top exercise by a small group of senior staff.

Undoubtedly the completion of the model will generate lots of questions. Please distribute the Model Summary and Instruction to anyone who is to be involved in the completion of the model.

4.2   Your Level of Service

You are being asked to describe your current service configuration. If a service has been significantly modified by unavoidable events, such as the resignation of a key SMO or recruitment challenges, then record the service in the following way:

If the service has been absent greater than three months then do not record it as if it exists, if less than three months then record as if it exists.

4.3   Filling in the forms electronically

The forms are designed to be completed electronically or manually.   You are being asked to tick/click statements that are TRUE for your service in that hospital.

If completing electronically please save the forms in a file on your computer after you have opened them. This is best done by opening the email and save the attachments into a separate file.

Open them from your saved file. They will open in Adobe. It will ask you to click "Sign". This is usually at the right top of the screen. This will allow you to fill in the name of the facility at the top of the form and click the boxes on the left hand side next to the statements.

When you have completed the form, you must "electronically sign" the form, with Adobe. You can then save the completed form. If you don't sign the form it will only save a blank form. You can then email the forms back to us.

4.4   Completing the form

You start at the top of each specialty and click all statements that are **TRUE** for the service in the facility you are marking. You need to start at the top of each page and tick each statement (with a box next to it) that is true for the service your facility. Do not only tick the highest applicable statement. The model requires confirmation of earlier steps to proceed.

Complete each specialty form. You must check every specialty form if only to confirm no service being available.

Please note that on sections **C** to **I** the form include a section to the right on minimum support levels. These are for your information only. You are not required to circle these numbers.

Please refer to the section above on **Key Determinant Descriptions** when you need assistance to understand the requirements under the statements. The specialties are all listed in the table below.

A Clinical Support Services
- Pathology
- Pharmacy
- Diagnostic Imaging

B Patient Support Services
- Anaesthetic Services
- Operating Theatres
- Interventional Radiology
- Critical Care Services (ICU/HDU)
- Coronary Care Units

C Emergency Medicine

D Medical Specialties & Sub-specialties
- General Medicine
- Cardiology
- Dermatology
- Diabetes & Endocrinology
- Gastroenterology
- Genetics & Metabolic Medicine
- Infectious Diseases
- Immunology
- Neurology
- Palliative Care Medicine
- Renal Medicine
- Respiratory Medicine
- Rheumatology

E Oncology & Haematology
- Medical Oncology
- Radiation Oncology
- Clinical Haematology

F Surgical Specialties & Sub-specialties
- General Surgery
- Cardiothoracic
- ENT/ORL Otorhinolaryngology
- Gynaecology
- Neurosurgery
- Ophthalmology
- Oral Health & Maxillo Facial
- Orthopaedics
- Plastic Surgery
- Urology
- Vascular Surgery

G Paediatrics
- Paediatric Medicine
- Paediatric General Surgery
- Paediatric Cardiology & Cardiac Surgery
- Paediatric Oncology & Haematology
- Paediatric Neurology & Neurosurgery
- Paediatric ORL/ENT
- Paediatric Orthopaedics

H Maternity & Neonates
- Maternity/Obstetric Care
- Neonatal Services

I Older Adults & Rehabilitation
- Health of Older Adults
- Mental Health Services for Older Adults

5   Completion

Check you have completed all of the forms within each of the nine sets, **A to I**, for your identified facilities. A check sheet is attached to assist with this. Ensure you have electronically signed the sheets and saved them. Then please email them to us at the address below.

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