### Roster Review Tool

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| **Service/Roster Specific Requirements***Specific requirements to ensure patient care, hospital service delivery and RMO training across the roster model. This could include as an example, RMO workload, team structure, model of care or budget requirements.*  | **Complete** |
| Does the current roster deliver on the agreed priorities? If no, please provide detail on the deficiencies.  |  |
| Has there been a change in workload for RMOs since the roster was implemented? If yes, how was the change in workload measured and what resourcing changes have occurred to align with this? Resourcing changes could include,* + SMO and RMO FTE
	+ Nurse Practitioner
	+ Allied Health technical
	+ Technology, including software, networks and hardware
	+ Review of work flow, e.g. reducing duplication, ensuring staff work at the top of their scope

If no change to resourcing has occurred, how is the change in workload managed? |  |
| Has the role of the RMOs changed since this roster was implemented?For example,* + Model of care
	+ Clinical workload e.g. patient volume/acuity
	+ Ease of access to RMO Training

If yes, please provide detail on the changes.  |  |
| Is there an alternative roster model that could deliver on the agreed priorities? If no, what alternative rosters have been considered in the past and what were the foreseen challenges with implementing the alternative?  |  |
| Are there any challenges to changing the roster? If yes, please provide further information on what these challenges are. Challenges may include,* Cost
* RMO, SMO or other workforce pipelines
* Previous engagement with RMOs and SMOs
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| Does the experience (including, service, training, and roster) of a relieving RMO mostly align with that of an RMO within a team position? If no, what improvements could be made? |  |
| If generic relief cover is unavailable, what is the relief model used to cover leave (including in hours and after hours shifts)?Where after hours are re-allocated, Is this manageable within the current roster? If no, what improvements could be made? |  |
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| **Hospital Service Delivery***The delivery of specialist medical and surgical services to the population the District serves.* | **Complete** |
| Does the roster support collaborative and appropriate service delivery overnight? If no, what improvements could be made?  |  |
| Are there opportunities where flexibility would improve the management of clinical demand? If yes, what are these?For example,* + Shift start and finish times
	+ Sharing or pooling urgent referrals with other services
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| Is the current roster pattern appropriate to manage the clinical workload (e.g. peaks in workload)? If no, what improvements could be made? |  |
| Are the expectations for weekend ward rounds clear? What improvements could be made? |  |
| **Travel between community and hospital sites** |  |
| Are RMOs required to work across more than one hospital and/or community setting as part of their role? If yes, do RMOs:1. Have and know how to access a taxi chit and/or fleet car?
2. Have parking available if using a fleet car or personal vehicle?
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| Are there any changes that could be made to reduce travel between sites and streamline work? |  |
| **Home Based Assessments** |  |
| Are RMOs required to undertake home based assessments after hours? If yes,* Are there appropriate escalation processes in place if an RMO does not feel safe to complete a home based assessment?
* Are RMOs aware of the escalation process?
* Are RMOs aware of and know how to access policies/procedures surrounding home based assessments for the service?
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| Are there any challenges with the home based assessment model and are there any improvements that could be made while maintaining the benefits of home based assessments for patient care |  |
| **Managing the absence of Clinicians across the service** |  |
| Are there any on-going challenges with absences of staff across the wider medical team that has a significant impact on RMO workload and are there any improvements that could be made to reduce these impacts? |  |
| Is there an escalation plan in place where there are absences across the wider medical team? |  |
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| **Clinical Risk** | **Complete** |
| Does the current roster safely deliver on patient care?For example,* Continuity of care
* Alignment between RMO and SMO roster
* Appropriately frequent and effective handovers

If no, what is preventing this?  |  |
| Are there any identified clinical risks within the roster? If yes, please provide detail on these.  |  |
| When is clinical risk greatest within the current roster model and what mitigations are in place?  |  |
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| **Wellbeing and Fatigue** | **Complete** |
| Have there been identified areas of increased fatigue within the current roster pattern? If yes, please provide detail on these.  |  |
| What fatigue mitigations are currently in place?  |  |
| Do RMOs have an opportunity for a break while on night shifts (either onsite or offsite)? If no, what factors impact the ability for this and how could these be managed given the expectation RMOs should have a break overnight?  |  |
| Does the roster provide the minimum recovery days following night shifts as detailed in the STONZ CA? If no, are there any other fatigue mitigations in place following night shifts? |  |
| Is there a mechanism in place to ensure RMOs are not working beyond the limits of hours’ provisions in the STONZ CA of more than 140 hours in a 14-day period? If no, what could be implemented to manage this? |  |
| When an RMO raises fatigue concerns, what are the current processes and mitigations to manage this?  |  |
| How could the RMO workforce capacity be utilised to mitigate fatigue? For example,* + Report for Duty (RFD) relievers to assist busy teams or provide rest
	+ Rosters with embedded relief
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| What resources are available to RMOs to support their wellbeing and are RMOs aware of the resources that are available to them? |  |
| Are there any improvements that could be made to support RMO wellbeing? |  |
| **Rosters with sets of 7 consecutive night duties** |  |
| Are sets of 7 consecutive nights present on the roster? If yes, 1. What monitoring and fatigue mitigations are in place to ensure sets of 7 consecutive nights are appropriate?
2. What other monitoring and fatigue mitigations could be implemented?
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| **RMO Training***The receiving and delivering of training in the hospital setting and the ability to attend external courses and conferences for RMOs, including relievers.*  | **Complete** |
| Does the current roster ensure an appropriate level of training and education are accessed by RMOs (including relievers) within the roster? If no, please provide further detail as to why not. |  |
| Is RMO attendance at teaching sessions recorded by the service? If no, how does the service ensure teaching is attended by RMOs? |  |
| Are there barriers for RMOs’ to attend teaching? If yes, please provide detail.  |  |
| Does the current roster ensure college requirements and accreditation standards are met? If no, please provide further detail as to why not.  |  |
| Is there adequate capacity available to ensure appropriate cover for Medical Education Leave and Conference leave requirements? If no, what improvements could be made? |  |
| Is supervision, training and teaching attendance ensured for RMOs in relief roles? If no, what improvements could be made to ensure this? |  |