

**Specialist Surgical Services  
Orthopaedic Service  
Service Specification  
Tier 2**

**September 2024**

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## 1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY       RECOMMENDED

## 2. Review History

Review History	Date
Approved by Nationwide Service Framework Coordinating Group (NCG)	
Published on NSFL	September 2010
<b>Review: Orthopaedic Service, service specification (2003):</b> Amendments: Standard Māori health clause, entry and exit criteria, support services, service linkages table, quality requirements, purchase units and reporting requirements. Added purchase unit codes S00011, S45PRE, S45CANC, S45007	August 2010
<b>Minor Amendments:</b> Moved text to Health NZ branded template. Added purchase unit codes S45008 and S45009. Expanded Service Components to incorporate advanced allied health professionals and inter-speciality referrals.	July 2024
Consideration for next Service Specification Review	Within five years
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	September 2024

**Note:** In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

**Note:** Contact the Service Specification Programme Manager, Service Commissioning, Ministry of Health to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications.

Nationwide Service Framework Library web site [here](#)

### 3. Introduction

This tier two service specification for Specialist Surgical Services -Orthopaedic Services (the Service) must be used in conjunction with the overarching tier one Specialist Medical and Surgical Services. This Service is also linked to the Services for Children and Young People service specifications. Refer to the tier one service specifications headings for generic details on:

- Service Objectives
- Service Users
- Access
- Service Components
- Service Linkages
- Exclusions
- Quality Requirements
- Elective Services

The above sections are applicable to **all** Service delivery.

### 4. Service Definition

Orthopaedics is both a medical and surgical service dealing with conditions that involve the musculo-skeletal system, due to trauma, congenital developmental abnormalities, degenerative or disease processes.

The Service includes:

- general orthopaedics
- trauma
- joint replacement
- fitting of orthotics devices where this is a component of an admission
- paediatric orthopaedics.

Surgical orthopaedics includes pre-operative assessment, perioperative care, and intraoperative treatment by a multidisciplinary team including anaesthetics, nursing, surgical and technical staff, and postoperative care including specialised care and follow-up.

Specialised components of this service may include:

- fracture clinics
- scoliosis programme
- tertiary referrals and/or surgery for spinal injuries
- oncology related orthopaedic surgery
- spinal procedures and care following spinal injury
- hand surgery and treatment.

### 5. Service objectives

#### 5.1.1 General

The overall objective of the Service is to restore and/or maintain the function of the musculo-skeletal system. Central to the Service is the availability of an acute trauma service that links to pre-hospital and hospital emergency care, intensive care and rehabilitation services.

### **5.1.2 Māori Health**

Refer to tier one Specialist Medical and Surgical Services and Services for Children and Young People service specifications.

### **5.1.3 Pacific Health**

Section not used

## **6. Service Users**

All eligible people with orthopaedic conditions that involve the musculo-skeletal system, due to trauma, congenital developmental abnormalities, and degenerative or disease processes, and require a specialist orthopaedic service.

## **7. Access**

### **7.1 Entry and Exit Criteria**

Refer to tier one Specialist Medical and Surgical Services and Services for Children and Young People service specifications.

### **7.2 Time**

A level of preparedness must be maintained to receive all appropriate acute referrals on a 24-hour basis and transfer to another facility where appropriate.

## **8. Service Components**

Services provided can include:

- Specialty assessment with a written plan of care to the referrer. Assessments can be provided by:
  - Registered medical practitioner of registrar level or above
  - Registered nurse practitioner
  - Advanced allied health professional (see relevant Pathway details for credentials and criteria for advanced allied health professionals).
- consultation, opinion and initiation of appropriate investigations

- referral within the same specialty or to another speciality for opinion and/or management
- pre-operative assessment, education of patients and where relevant, their families and obtaining informed consent
- elective, acute or emergency surgery
- integrated surgical processes including:
  - preoperative assessment and diagnostic intervention
  - surgical intervention for diagnosis/treatment
  - post operative care
  - ambulatory (outpatient) follow-up
  - transfer to specialist habilitation/ rehabilitation services
  - comprehensive discharge planning
  - continuity of care in the community after discharge.

### **8.1.1 Processes**

The management of an individual by the Service involves a complex sequence of relationships and events. The level of intervention varies according to the individual's clinical condition, the qualification /training of medical /surgical staff, and the level of clinical support available.

Assessment, diagnosis, stabilisation and treatment of patients will include those patients requiring hospitalisation and those who can be treated on a day or outpatient basis. Clinical and support personnel, services and facilities are required to ensure timely and definitive care.

Treatment will span the range from non-surgical management to surgical management on an acute, acute arranged and elective basis.

The Service will be responsible for:

- stabilisation and treatment on presentation to the Service
- definitive treatment of all acute and emergency orthopaedics cases from time of presentation to discharge back to general practitioners care
- appropriate follow up and treatment of all patients undergoing surgery in line with accepted standards of clinical practice
- arranging appropriate after hours coverage to people undergoing day surgery, including arrangements for re-admission where required
- prioritising and responding promptly to all referrals (written, verbal and other), scheduling of appointments, notification of general practitioner/referrer and patient
- follow up, re-admission and treatment of all patients in whom complications arise in the course of treatment by the service. This may include appropriate referral to higher level of care
- a range of equipment appropriate to the level of service
- liaison with primary health care organisations and community based rehabilitation services.

### **8.1.2 Support Services**

It is important that orthopaedic services are well integrated with other general and specialist services and that there is effective consultation, liaison and referral between services and

sub-specialities e.g. orthogeriatrics that provide specialist or shared care for the elderly with orthopaedic condition such as fracture neck or femur.

The Service is supported by, but not limited to, the following service providers:

- clinical support services such as:
  - laboratory services
  - pharmaceutical services
  - imaging services

allied health support services such as:

- occupational therapy
- physiotherapy
- social workers
- orthotics
- ancillary services
- interpreting services (including sign language)

## 9. Service Linkages

Refer to the tier one Specialist Medical and Surgical Services service specification and Services for Children and Young People service specifications. The Service is required to establish effective links and working arrangements and cooperation with, but not limited to, the following service providers:

Service Provider	Nature of Linkage	Accountabilities
Other hospitals and local health agencies:  Accident and Medical Centres  Accident Compensation Corporation (ACC) post discharge services  Long term equipment	Referral and liaison	Provide a continuum of care  Effective regional linkages to ensure patients access appropriate services
Primary Health Care services, General Practitioners, Nurse Practitioners, District Nurses and other primary care and community providers  Midwives  Well child providers	Referral and consultation	Liaison with primary health care organisations and community based rehabilitation services that support continuity of care.
Other health professional Specialists and registered medical practitioners  Otago Spinal Unit, Counties Manukau District  Burwood Hospital, Canterbury District	Referral and consultation	Clinical consultation and referral services that supports continuity of care  Effective regional linkages to ensure patients access appropriate services
Consumer support groups	Consumer support and information	Effective regional linkages to ensure patients access appropriate services

Providers of Disability Support Services	Referral Liaison Collaboration	Work collaboratively with intellectual and other disability support services and facilitate access to those services when needed.
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## 10. Exclusions

Where people are eligible for services funded under the Injury Prevention, Rehabilitation, and Compensation Act 2001, they are excluded from receiving the Service through public funding under Vote: Health.

## 11. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework or, as applicable, Crown Funding Agreement variations, contracts or service level agreements.

## 12. Purchase Units

Purchase Units are defined in Health New Zealand's Service Framework Purchase Unit Data Dictionary. The following Purchase Units apply to this Service:

PU Code	PU Description	PU Definition	Unit of Measure	Unit of Measure Definition	National Collections or Payment Systems
S45001	Orthopaedics – inpatient services (DRGs)	DRG WIESNZ Discharge. Additional Information is found in the NZ Casemix Framework for Publicly Funded Hospitals which gets updated every year.	Cost Weighted Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	National Minimum Data Set (NMDS)
S45002	Orthopaedics – 1st attendance	First attendance to orthopaedic surgeon or medical officer at registrar level or above or nurse practitioner for specialist assessment. Excludes fracture clinic.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	National Non Admitted Patient Collection (NNPAC)



<b>PU Code</b>	<b>PU Description</b>	<b>PU Definition</b>	<b>Unit of Measure</b>	<b>Unit of Measure Definition</b>	<b>National Collections or Payment Systems</b>
S00011	Surgical non contact First Specialist Assessment – any health specialty	Following a request from a GP or community based Nurse Practitioner, a review by a registered medical practitioner of registrar level or above or registered nurse practitioner of patient records and any diagnostic test results, development of a written plan of care for the patient and provision of that plan and other necessary advice to the referring GP or Nurse Practitioner. This does not include the triaging of referral letters. The patient should not be present during the assessment.	Written plan of care	Written plan of care provided by the specialist to the referring GP	NNPAC
S45003	Orthopaedics – subsequent attendance	Follow-up attendances to orthopaedic surgeon or medical officer at registrar level or above or nurse practitioner. Excludes fracture clinic.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC

PU Code	PU Description	PU Definition	Unit of Measure	Unit of Measure Definition	National Collections or Payment Systems
S45004	Fracture clinic - 1 <sup>st</sup> attendance	First attendance to orthopaedic surgeon or medical officer for assessment and treatment of acute musculo-skeletal injury/conditions. Includes initial assessment and treatment of patients referred from emergency department. This code is only used where a dedicated fracture clinic purchase is made.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
S45005	Fracture clinic – Subsequent attendance	Follow-up attendances to orthopaedic surgeon or medical officer for assessment and treatment of acute musculo-skeletal injury/conditions. This code is only used where a dedicated fracture clinic purchase is made.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
S45006	Gait Laboratory	Computerised orthopaedic assessment of gait patterns of children that avoids other intrusive testing.	Assessment	Number of assessments	NNPAC
S45008	Orthopaedics – Advanced Physiotherapist 1 <sup>st</sup> Attendance	First attendance to advanced physiotherapist for assessment. Excludes fracture clinic.	Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.	NNPAC

PU Code	PU Description	PU Definition	Unit of Measure	Unit of Measure Definition	National Collections or Payment Systems
S45009	Orthopaedics – Advanced Physiotherapist Subsequent attendance	Subsequent attendance to advanced physiotherapist for assessment. Excludes fracture clinic.	Attendance	Number of attendances to a clinic/department/acute assessment unit or domiciliary.	NNPAC
S50001	Spinal services – acute case	Patients admitted acutely to a spinal injury unit. Excludes pressure areas.	Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	NMDS
S50002	Spinal – non-acute	Patients admitted electively to a spinal injury unit. Excludes pressure areas. Excludes all ACC clients post 1972.	Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	NMDS
S50003	Spinal – re-assessment	Patients admitted to a spinal injury unit who require re-assessment. Excludes ACC clients.	Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	NMDS
S50004	Spinal Tendon Transplant	Patients admitted to a spinal injury unit who require a troid transfer procedure.	Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	NMDS
S50005	Spinal – 1 <sup>st</sup> attendance	First attendance to spinal injury specialist or medical officer at registrar level or above or nurse practitioner for specialist assessment.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
S50006	Spinal – subsequent attendance	Follow-up attendances to spinal injury specialist or medical officer at registrar level or above or nurse practitioner.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC

PU Code	PU Description	PU Definition	Unit of Measure	Unit of Measure Definition	National Collections or Payment Systems
S50007	Spinal - Urodynamic s	Patients treated for urodynamic procedures.	Procedure	An individual operative/diagnostic/assessment procedure.	NNPAC
S50008	Spinal services – Forearm transfer	Patients admitted to a spinal injury unit who require a forearm transfer procedure.	Procedure	An individual operative/diagnostic/assessment procedure.	NNPAC
S50009	Spinal Services – pressure area	Patients admitted to a spinal injury unit who require treatment of pressure areas.	Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	NNPAC
S50010	Spinal Services – troid transfer	Patients admitted to a spinal injury unit who require a troid transfer procedure.	Discharge	A numerical measure representing the relative cost of treating a patient through to discharge.	NNPAC
S45PRE	Orthopaedic Preadmission visit	NOT PURCHASED FOR NNPAC USE ONLY - preadmission visit for Orthopaedic procedure paid for as part of CWD price	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NNPAC
S45CANC	Orthopaedic Cancelled Operation	NOT PURCHASED FOR COUNTING USE ONLY - Orthopaedic cancelled case not expressly purchased.	Attendance	Number of attendances to a clinic/department/acute assessment unit.	NMDS

The Service must comply with the requirements of national data collections where available.