



11 October 2021

Dear [REDACTED]

### Official Information Act Request

You have asked for information about Northland DHB's Intensive Care Unit and Clinical priority Assessment Criteria (CPAC) thresholds.

1. *How many intensive care unit (ICU) beds are available at Northland DHB that meet the staffing requirements outlined in the College of Intensive Care Medicine (CICM) minimum standards for Level I, II, III and Paediatric ICUs?*

See: [https://www.cicm.org.au/CICM\\_Media/CICMSite/Files/Professional/IC-1-Minimum-Standards-for-Intensive-Care-Units.pdf](https://www.cicm.org.au/CICM_Media/CICMSite/Files/Professional/IC-1-Minimum-Standards-for-Intensive-Care-Units.pdf)

Whangarei Hospital's ICU has 10 physical bed spaces. We are currently able to roster nursing care for the provision of 4 ICU patients (adult or paediatric cases). There will be shifts when the nursing levels are higher, however this is the long run average. Please note that a number of our patients do not actually meet the "ICU" definition and are actually HDU patients. This changes the nursing ratio from 1 nurse:1 patient to 1 nurse:2 patients, in these circumstances the number of resourced beds therefore increase. In times of variance response the additional nurse would take a patient load.

We also have one Registered Nurse Coordinator providing ICU coordination, oversight and support across the shift. In times of variance response this staff member would take a patient load.

2. *What is the DHB's current Clinical Priority Assessment Criteria (CPAC) threshold for each speciality?*
3. *What were the CPAC thresholds over the previous 5 years and how many patients were declined treatment (FSA or surgery) due to capacity of the service to deliver?*

Patients are scored for surgery using the online National Prioritisation Tool. Surgery scoring thresholds are generally set at the specialty level and not for specific procedures. Patients who score below the threshold are declined for surgery and referred back to GP care, however under some special patient circumstances the scoring clinician may clinically override the declined outcome and the patient is added to the surgical waiting list.

The following table shows the Northland DHB surgery scoring thresholds between 01/01/2017 and 05/10/2021 using the National Prioritisation Tool.

**CPAC Thresholds**

<b>Speciality</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Ear Nose and Throat	52	60	60	60	60
General Surgery	60	65	65	65	65
Ophthalmology - Cataract Surgery	52	52	52	52	52
Orthopaedics	65	70	70	70	70

The following table shows Northland DHB patients 'referred back to GP' care between 01/01/2017 and 05/10/2021 who were scored using the National Prioritisation Tool.

**Patients Prioritised and 'Referred Back to GP'**

<b>Speciality</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Ear Nose and Throat	25	69	48	24	7
General Surgery	137	154	155	127	110
Ophthalmology - Cataract Surgery	261	256	285	202	188
Orthopaedics	609	579	520	396	234

When a general practitioner creates a referral in RMS the Northland DHB triaging clinician may decline the referral. The decline may be due to a number of reasons such as: the referral does not meet the criteria to be seen, treatment for the patient's condition is not provided by Northland DHB as well as capacity and other reasons. We therefore cannot provide data on the number of declined referrals due to 'capacity' alone as they are all included in the 'declined' grouping.

Northland DHB supports the open disclosure of information to assist public understanding of how we deliver our services. This includes proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been provided to you. Personal or identifying information will be redacted from any response published online. If you consider there are good reasons why this response should not be publicly available we will consider your views.

If you have any queries about Northland DHB's response to your information request please contact the Chief Executive's office in the first instance.

Yours sincerely



**Jeanette Wedding**  
Acting Chief Executive