

CIT services in the Republic of Ireland

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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Overview

- **CIT – Background and Context**
- **CIT Range of services**
- **CIT role with OPAT patients**
- **Case Study**

Acknowledgements

- Community Intervention Teams
- Dr Paul Kavanagh and Dr Helena Ferris, who carried out the CIT Evaluation.

Background

- Growing and evolving population needs
- Appropriateness, effectiveness and sustainability of health service delivery



THE CHALLENGE

- “Create a modern, responsive, integrated public health system....”



THE WAY FORWARD

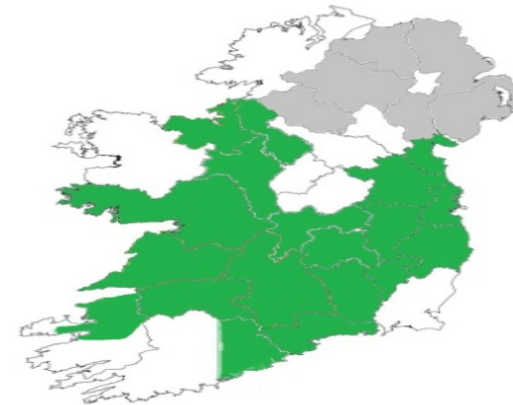


Community Intervention Team

- A Community Intervention Team (CIT) is a health professional team which provides a **rapid and integrated response** to a patient with an **acute episode of illness** who requires **enhanced services/acute intervention for a defined short period of time**. This may be provided at home, in a residential setting or in the community as deemed appropriate, thereby avoiding acute hospital admission/ attendance or facilitating early discharge.

CIT background and context

- Community Intervention Teams (CITs) offer an **agile, enhanced** and **responsive** community-based service providing care to patients referred from hospital and community.
- The first CITs were established in 2006. There has been a significant increase in the past 5 years in the number of teams in place, with sixteen CITs in place as at June 2019
- The proposal for full nationwide access to CIT services will be submitted as part of the Estimates process for 2020.



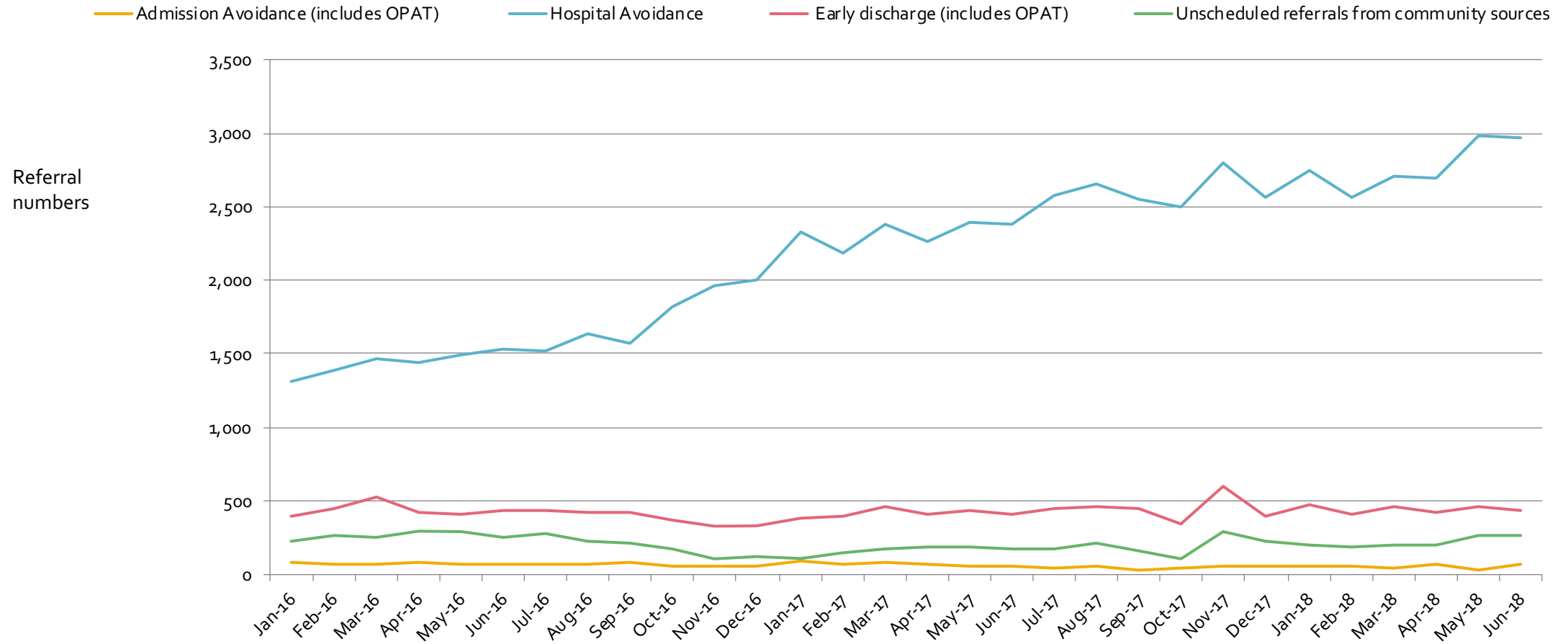
CIT – What They Provide

- IV cannulation and administration of IV antibiotics (OPAT), steroids etc.
- Acute anticoagulation care
- Acute wound care and dressings
- Enhanced nurse monitoring following fractures, falls or surgery
- Care of patients with central venous catheter
- Urinary tract related care including female catheterisation, supra pubic re-catheterisation
- Care of the patient with a respiratory illness e.g. nebuliser care, peak flow, intermittent pulse oximetry (home O₂ saturation)
- Bowel care including stoma care
- Short term older person support and care
- Medication management/ administration as part of patient's acute intervention package.
- Physiotherapy (2 teams) and Occupational Therapy (1 team).
- This list is not exhaustive

Why use CIT?

- Prevents unnecessary hospital attendance/admission
- Facilitates early discharge from hospital
- Patients receive treatment in their own home/ at a local CIT treatment centre
- Supports the delivery of care in the community

CIT Referral category Jan 2016 – Jun 2018 (Source – BIU)

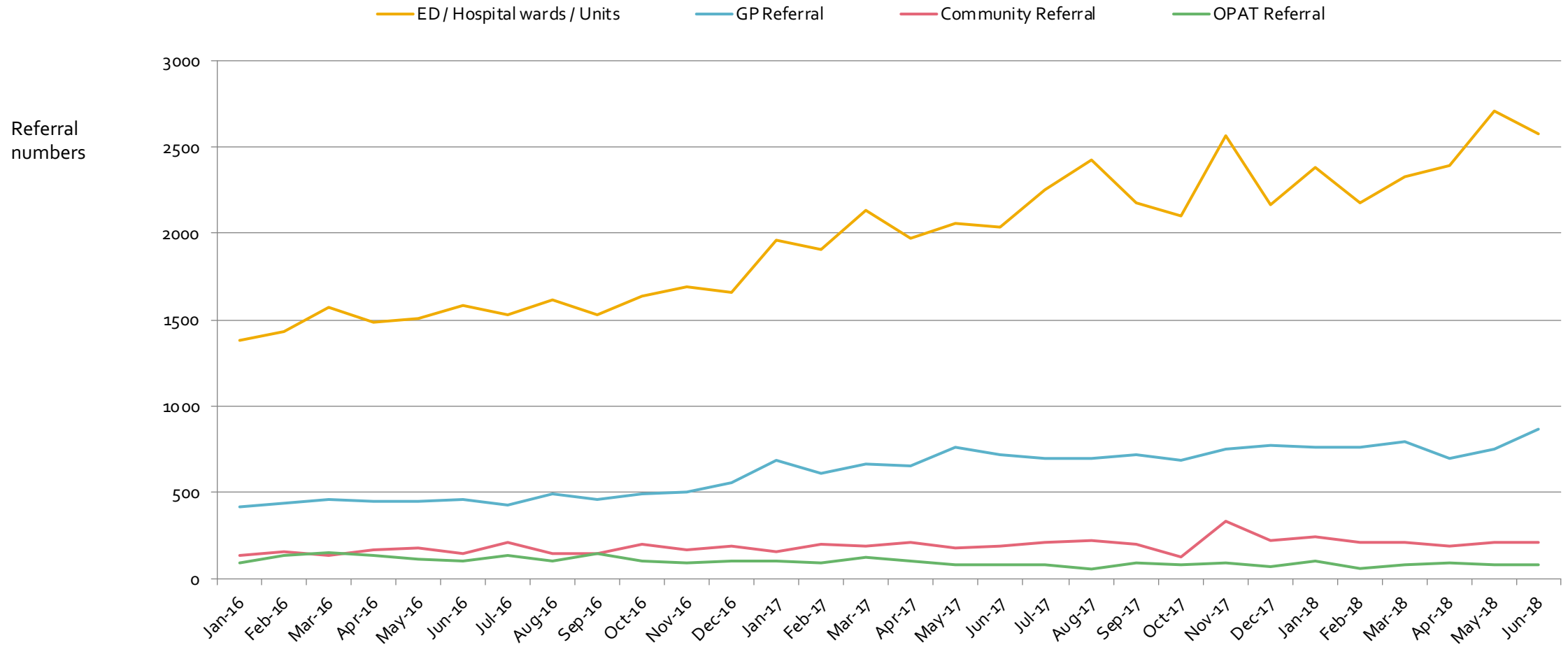


CIT Evaluation Mar 2018

Treatment location	Grand Total	%
Home	2150	64.8%
Clinic	1119	33.7%
Nursing Home	41	1.2%
Temporary Residence	7	0.2%

Overall, approximately 2-in-3 clients (64.8%) are treated at home and 1-in-3 (33.7%) are treated in a clinic.

CIT Referral source Jan 2016 – Jun 2018 Source - BIU



CIT Evaluation Mar 2018

Referral Source	Grand Total	%
Hospital - Acute Assessment	57	1.7%
Hospital - OPD	394	11.9%
Hospital - Ward	592	17.8%
Hospital- Day ward	1456	43.9%
<i>Hospital - All</i>	2499	75.3%
General Practitioner	600	18.1%
Older Persons Services - Community Based	9	0.3%
Other community services	15	0.5%
Palliative Care	26	0.8%
Public Health Nurse	168	5.1%
<i>Community - All</i>	818	24.7%

- The predominant source of referral was hospital day ward and overall 3-in-4 (75.3%) of cases were referred from hospitals.
- General practitioners were the predominant community source of referral.

CIT Evaluation Mar 2018

Case demographics	Grand Total	%	Cumulative %
<25 (n)	50	1.5%	1.5%
25-34 (n)	92	2.8%	4.3%
35-44 (n)	130	3.9%	8.2%
45-54 (n)	316	9.5%	17.7%
55-64 (n)	627	18.9%	36.6%
65-74 (n)	861	26.0%	62.6%
75-84 (n)	771	23.2%	85.8%
≥85 (n)	470	14.2%	100.0%
Female (n)	1496	45.1%	
Male (n)	1807	54.5%	
Gender not ascertained	14	0.4%	

- The service was predominantly used by older people. Almost 2-in-3 cases (63.4%) were aged 65 years or older and 14.2% were aged over 85 years.
- The majority of cases were male.

CIT Evaluation Mar 2018

Age Group	All		Male		Female	
	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000
<25 (n)	50	3.1	26	3.2	24	3.1
25-34 (n)	92	14.4	45	14.5	47	14.3
35-44 (n)	130	17.2	72	19.3	58	15.1
45-54 (n)	316	49.7	144	45.5	172	53.7
55-64 (n)	627	121.4	343	133.8	284	109.2
65-74 (n)	861	226.3	477	254.1	379	196.7
75-84 (n)	771	386.1	443	485.2	322	297.3
≥85 (n)	470	674.3	257	1057.6	210	463.6
Grand Total	3317	69.2	1807	76.2	1496	61.8

- The population rate of CIT utilisation increased across increasing age groups.
- The population rate of CIT utilisation was greater among males than females. This difference was most pronounced in older age groups.

CIT Evaluation Mar 2018

- There were differences in the rate of referral to CIT across hospitals, relative to the number of emergency presentations and discharges.
- Mercy University Hospital, UH Waterford, South Tipperary General Hospital all had a comparatively high number of CIT episodes-ward referral source relative to discharges, >50/1,000.
- South Tipperary General Hospital, UH Waterford and St Luke's General Hospital Kilkenny all has a comparatively high number of CIT episodes-acute assessment referral source relative to emergency attendances >100/100,000.
- Across Hospital Groups, UL Hospital Group had the highest number of CIT episodes-ward referral source relative to discharges.
- Across Hospital Groups, South South West had the highest number of CIT episodes-acute assessment referral source relative to emergency attendances.

CIT Evaluation Mar 2018

Care type	Grand total	%
PICC/Port/HICC care including chemotherapy pump disconnections	1256	37.9%
Catheter care/education	516	15.6%
INR monitoring including heparin bridging	384	11.6%
Venopuncture	357	10.8%
Wound care including stoma care	230	6.9%
Nurse monitoring and support	176	5.3%
IV Antimicrobials	95	2.9%
Home support	65	2.0%
Injections	64	1.9%
Medication compliance	49	1.5%
Infusions- non OPAT	33	1.0%
Palliative care	33	1.0%
COPD outreach	9	0.3%
Subcutaneous fluid rehydration	9	0.3%
Physiotherapy & Occupational Therapy	9	0.3%

CIT Evaluation Mar 2018

Outcome	Grand Total	%
Discharged from CIT/ Episode of care completed by CIT	3081	94.2%
Patient required reassessment- ED	5	0.2%
Patient required reassessment- GP	5	0.2%
Patient required reassessment- OPD	12	0.4%
Readmitted to hospital	24	0.7%
<i>Readmitted to hospital or required reassessment ED, GP or OPD</i>	46	1.4%
Transferred to Palliative Care for continuation of episode of care	4	0.1%
Transferred to Public Health Nurse for continuation of episode of care	91	2.8%
Treatment by CIT ongoing	23	0.7%
Patient died	19	0.6%
Patient refused treatment	6	0.2%

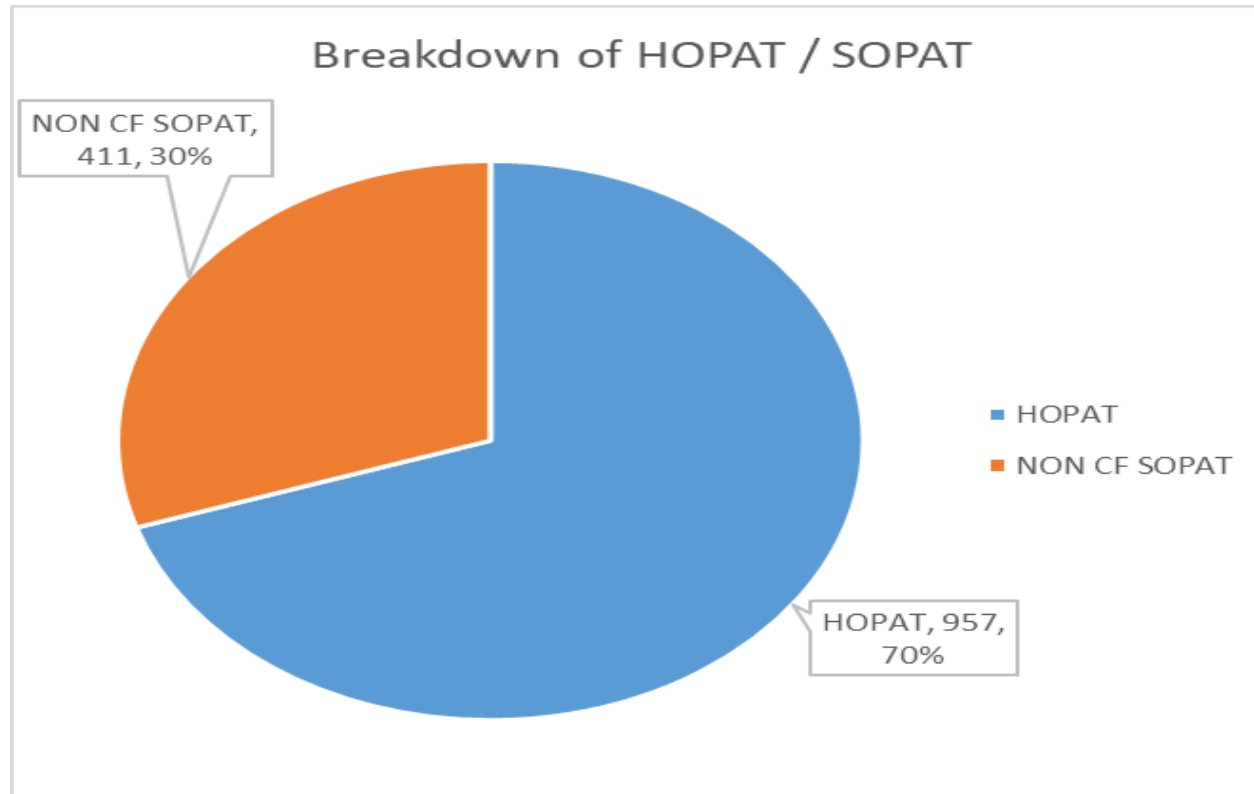
Adverse event	Grand Total	%
No	3254	99.5%
Yes	16	0.5%

CIT Evaluation Mar 2018

Main findings

- 90% clients treated with 1-4hrs of care and readmission to hospital or reassessment was required in 1.4% of cases
- Wide variation in client profile across teams - contribution of local needs and local blend of service availability
- 2 teams had access to HSCPs – these teams tended to provide more intermediate type care

National OPAT Referrals excluding patients with CF 2018



CIT Role OPAT patients

- Facilitates roll out of the OPAT programme
- HOPAT administration (note the challenge with TDS)
PICC line care / bloods if not possible in OPD
weekly clinic
Shared care facilitated between CIT teams if patient travelled to another area
- SOPAT training in some areas

Case study

- Patient; M (70) Lives with husband, no family.
- Background: Prolonged hospital stay (9 months) following multiple abdominal surgical interventions resulting in short bowel syndrome and over active stoma.
- Discharge issue: Required daily IV fluids to maintain hydration, weekly monitoring of U&Es, central line care.
- Multi-disciplinary discharge planning meeting with patient, surgical team, dietician, CIT.
- Care plan formulated and patient trained to self administer IV fluids.
- After 48 hours patient discharged with CIT support.
- Daily visits initially to support with IV fluid administration and stoma care. Reduced to 1 visit weekly with daily telephone support available .
- CIT provide
 - Central line care
 - Blood sampling weekly
 - Liaison with dietician and surgical team weekly with patient update.

- Thank you

- Questions