



Audit of fast track continuing health care funding

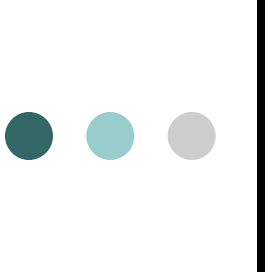
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Continuing Health Care Funding

- Continuing HealthCare Funding (fast track) was introduced to address the cost of care for those approaching the end of life, or with “complex needs”
- Initially the funding was granted to those likely to have less than 8 weeks to live, but now the guidance is less specific



Criterion for CHC funding (fast track)

- A rapidly deteriorating condition, which may be in a terminal phase, with an increasing level of dependency. They may need NHS Continuing Healthcare funding to enable their needs to be urgently met (e.g. to allow them to go home to die or to allow appropriate end-of-life support to be put in place).



Audit

- Retrospective audit of all hospice in-patients who died or were discharged during the period 1/7/2007 to 30/6/2008
- Whether CHCF was applied for
- Where they were discharged to
- How long they survived
- Whether they were readmitted to hospice or hospital



Audit of CHCF

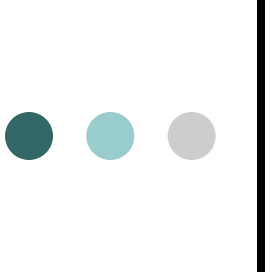
- Total number of patients –189 (100%)
- Total number discharged –70 (37.0%)
- Total number died – 119 (63.0%)

- Discharge – Home 56 (80.0%)
Nursing home 10 (14.3%)
Hospital 4 (5.7%)



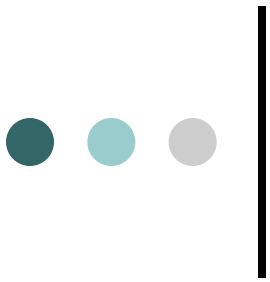
Continuing Health Care Funding

- Of those 70 discharges
- 16 (22.9%) had continuing care funding granted
- 47 (67.1%) did not require funding, or were not felt to be appropriate
- 7 (10%) were already on CHCF

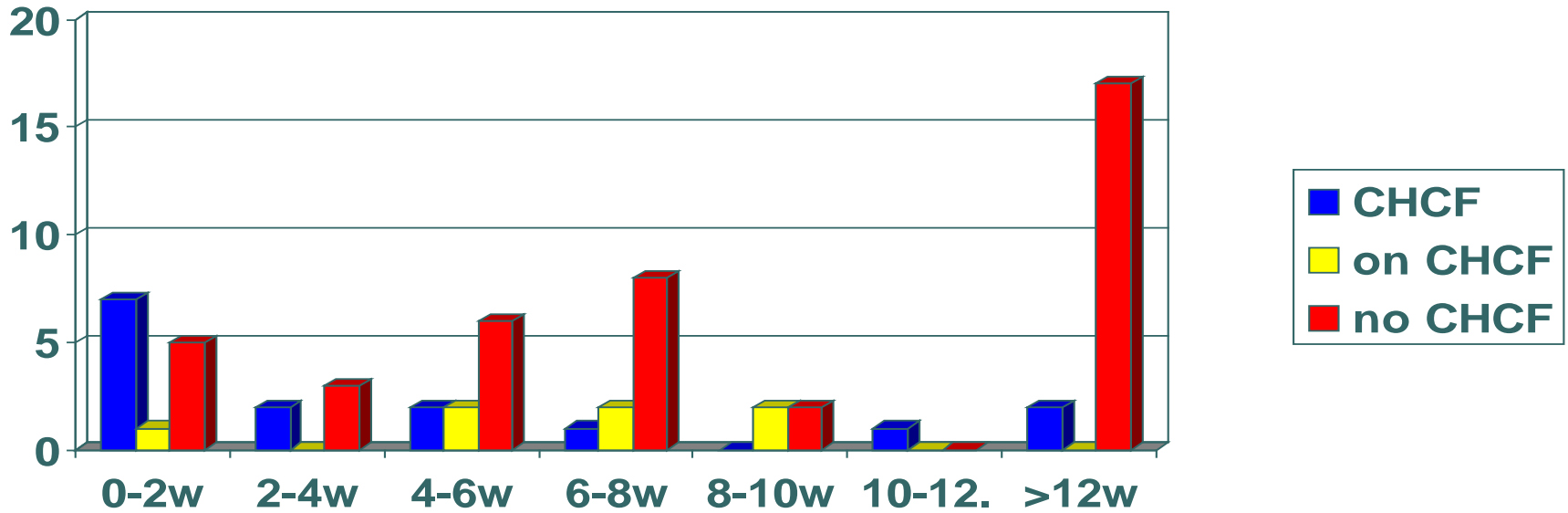


Survival (in days) following discharge

	Mean	Range
On CHCF already	39.86	3-62
With CHCF	39.07	3-151
Without CHCF	87.49	7-342
All discharges	70.67	3-342



Survival in weeks post discharge





Notes

- I omitted from the these figures 7 patients who have been discharged from area, or from our services
- Three patients had survived until the end of the audit, and I have used 1st January for the purpose of calculating mean survival (none of these had CHCF at time of discharge)



Readmission Rates

- Those with CHCF are likely to be nearer end of life, so have a shorter time for readmission to occur
- It would be helpful to compare readmission rates with a similar patient group who were not receiving funding



Comments

- 2 patients on CHCF survived significantly longer than most
- Patient 1 – had Ca Prostate with bony mets (no spinal cord compression) and survived 151 days
- Patient 2 had Ca Colon with lung and abdominal wall mets and survived 148 days



Conclusions

- The majority of the patients who receive continuing care funding died within 3 months
- All died within 6 months
- Those who were not on CHCF survived longer, and had more readmissions
- It seems referrals are appropriate



Discussion

- Given that our patients have an average survival of 70 days (10 weeks) after discharge, are we referring enough?