ISRCTN25542492 https://doi.org/10.1186/ISRCTN25542492

HOME FIRST (Home Followed-up by the Infection Respiratory Support Team)

Submission date
21/08/2012

Recruitment status
No longer recruiting

Registration date
16/10/2012

Overall study status
Completed

Last Edited
13/03/2020

Condition category
Respiratory

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Background and study aims
Lower respiratory tract infections (LRTIs) are infections that affect the airways and lungs. Many patients with LRTIs could be treated as outpatients rather than stay in hospital. HOME FIRST is a new scheme that will enable patients with LRTIs to be discharged from hospital early and receive care in their own home. This study will investigate patient uptake to such a scheme, and compare HOME FIRST to current standard hospital care with regards to factors such as safety, death rates, readmission rates, rate of recovery, and care satisfaction.

Who can participate?
Patients aged 18 or over with lower respiratory tract infections.

What does the study involve?
Participants are randomly allocated to either HOME FIRST or standard hospital care. They are followed up by telephone at 2 weeks and at an outpatient clinic at 1 and 6 months.

What are the possible benefits and risks of participating?
Not provided at time of registration.

Where is the study run from?
Liverpool School of Tropical Medicine (UK).

When is study starting and how long is it expected to run for?
December 2011 to May 2012.

Who is funding the study?
NIHR Biomedical Research Centres (BRC).

Who is the main contact?
Prof Stephen Gordon

Contact information

Type(s)
Scientific

Contact name
Prof Stephen Gordon

Contact details
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Additional identifiers

ClinicalTrials.gov (NCT)
NCT02454114

Protocol serial number
V1

Study information

Scientific Title
HOME FIRST (Home Followed-up by the Infection Respiratory Support Team): a feasibility study

Acronym
HOME FIRST

Study objectives
That HOME FIRST (Home Followed-up with Infection Respiratory Support Team) is an early supported discharge scheme feasibility study where patients are randomised to HOME FIRST or standard hospital care is acceptable to patients.

More details can be found here: http://public.ukcrn.org.uk/Search/StudyDetail.aspx?StudyID=12493

Ethics approval required
Old ethics approval format

Ethics approval(s)
Liverpool NHS Research Ethics Committee, 12/10/2011, ref: 11/NW/0670

Study design
Randomised control feasibility study

Primary study design
Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied
Respiratory infection, including lower respiratory tract infection, pneumonia and bronchiectasis

Interventions
HOME FIRST - Early supported hospital discharge or standard hospital care

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Patient acceptability

Key secondary outcome(s))
1. Safety/mortality
2. Readmission rate
3. Length of stay
4. Total days of care
5. Functional and symptom improvement

Completion date
05/05/2012

Eligibility

Key inclusion criteria
Patients with any of the following conditions:
1. Pneumonia - community-acquired (CAP) or hospital-acquired (HAP) - pneumonia definition - a series of clinical symptoms with radiological consolidation
N.B. All pneumonia CURB-65 scores will be considered but patients with CURB-65 ≥3 MUST have had at least 24hrs of in-patient observation before recruitment into the study.
2. Acute tracheo-bronchitis & acute bronchitis
3. Non-pneumonic lower respiratory tract infection
4. Influenza with respiratory manifestations
5. Infective exacerbation of bronchiectasis
6. Lung abscess
7. Pneumonia with concomitant COPD (if this service is not provided elsewhere)

Patient Suitability:
1. Simple pleural effusions only (if no diagnostic pleural tap performed please discuss)
2. Can manage ADLs with current support (immediate OT/physio/social assessment/care can be arranged prior to discharge (if needed) and continued at home)
3. Able to give fully informed consent
4. Has a phone
5. Age>18yrs old
6. EWS ≤2 AND SBP>90 (all observations must be stable for 12-24hrs) AND mild confusion only

(defined as an 10-point AMTS ≥7)
7. All observations must be stable for 12-24hrs
8. Improving inflammatory markers (WCC/CRP)
9. Stable or improving U&Es

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
1. Acute exacerbations of COPD - infective & non-infective (other services already provided)
2. Patients with CURB-65 >3 admitted<24hrs ago
3. Patients unable to manage at home even with maximal support from HOME FIRST (this may include some patients IV drug users, with ETOH excess or mental health problems)
4. Serious co-morbidities requiring hospital treatment (eg: CKD, CCF) or deemed unstable (significant AKD)
5. Suspected MI/raised TnI/T consistent with NSTEMI (Or acute ECG changes) within 5 days of discharge
6. Empyema or complicated parapneumonic effusion
7. SBP<90mmHg
8. Neutropenia
9. No fixed abode
10. Tuberculosis suspected
11. Well enough for discharge without HOME FIRST homecare support
12. Sats <92% on air - for patients without chronic respiratory illness
13. Sats <88% on air [except asthma sats must be >92%] - for patients with chronic respiratory illness. All such cases MUST be discussed as oxygen assessment may be needed.

Date of first enrolment
10/12/2011

Date of final enrolment
05/05/2012

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Liverpool School of Tropical Medicine
Liverpool
United Kingdom
L3 5QA

Sponsor information

Organisation
Royal Liverpool and Broadgreen University Hospitals NHS Trust (UK)

ROR
https://ror.org/009sa0g06

Funder(s)

Funder type
Government

Funder Name
NIHR Biomedical Research Centres (BRC) - PASS (Pneumonia Aetiology and severity)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	26/02/2014		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes