

Hospital at home as a model of early discharge from hospital [Hospitalización en domicilio como modelo de alta precoz desde el hospital]

Submission date 22/05/2009	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 10/07/2009	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 03/08/2009	Condition category Other	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Gabriel Rada

Contact details
Módulo Universidad Católica
Hospital Dr Sótero del Río
Av. Concha y Toro 3459
Puente, Alto
Santiago
Chile
-
gabriel@rada.cl

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Efficacy, costs and user satisfaction of hospital at home as a model of early discharge from hospital in patients with low and moderate risk [Eficacia, costos y satisfacción usuaria de la hospitalización en domicilio como modelo de alta precoz desde el hospital, en pacientes de riesgo bajo y moderado]

Study objectives

1. Hospital at home is as safe and effective as traditional hospitalisation, in terms of morbidity and mortality
2. Hospital at home does not increase significantly the length of hospitalisation when compared to traditional hospitalisation
3. Hospital at home may decrease the risk of some outcomes associated with traditional hospitalisation (i.e. risk of falls, delirium). Functional recovery and capacity to perform daily activities would be restored in less time and with greater success.
4. Sending patient to hospital at home would release some hospital beds, without increasing the costs
5. User's satisfaction would be higher with hospital at home than with traditional hospitalisation

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics committee of the Dr. Sótero del Río Hospital, SSMSO, Santiago, Chile, gave approval on the 5th January 2009

Study design

Single centre randomised masked open study

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Quality of life

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Adult inpatients with moderate risk diseases

Interventions

Arm 1 (intervention) - Hospital at home:

Subjects assigned to this group will be cared by the hospital at home team (intervention). They will be responsible for providing care (as described under 'intervention characteristics'), deciding on further health care provision (including rehospitalisation) and coordinating future ambulatory treatment. The provision of the intervention will go on until a definitive discharge is decided (this date is considered for the measurement of length of hospitalisation).

Arm 2 (control):

Subjects assigned to the control group will receive standard care in the hospital. No additional intervention (with the exception of outcome measurements) is considered for this group.

Hospital at home team description:

The project is based in the Dr. Sótero del Río Hospital, which is the public facility for the nation's most populous districts in Santiago, Chile. The team is composed by gerontologists, nurses, paramedics, kinesiologists and a social assistant. The services provided include: blood tests (all tests available in the hospital, transportation included), X-Ray, intravenous treatment administration, oxygen therapy, nurse care (wound care, catheter management, drainage tubes), secretion aspiration, motor and respiratory rehabilitation.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Length of hospitalisation, measured at discharge (considering both treatments modalities as hospitalisation)

Secondary outcome measures

1. Barthel's Index of Activities of Daily Living, measured at days 0 and 28
2. Confusion Assessment Method for Delirium, measured at days 0 and 7
3. Katz Activities of Daily Living Scale, measured at days 0 and 28
4. Zarit Caregiver Burden Scale, measured at days 0 and 28
5. Pressure ulcers, measured at days 0 and 7
6. Falls, measured at discharge
7. User's satisfaction, measured at discharge
8. Rehospitalisation, measured on day 28, month 3, month 6
9. Emergency department consultations after discharge, measured on day 28, month 3, month 6
10. Mortality, measured on day 28, month 3, month 6

Overall study start date

01/06/2009

Completion date

01/02/2010

Eligibility

Key inclusion criteria

1. Adult inpatients requiring interventions usually provided in the hospital, as health care professionals supervision, intravenous drug administration, oxygen therapy, intensive nursing care or rehabilitation
2. One of the following conditions as the main cause of hospitalisation or as complication of the hospitalisation:
 - 2.1. Surgical procedure
 - 2.2. Pneumonia (community acquired and health-care related)
 - 2.3. Upper urinary tract infection (community acquired and health-care related)
 - 2.4. Septic arthritis
 - 2.5. Acute complications of diabetes
 - 2.6. Decompensated chronic obstructive pulmonary disease
 - 2.7. Decompensated heart failure
 - 2.8. End-stage kidney disease waiting for the initiation of dialysis
 - 2.9. Acute renal failure
 - 2.10. Decompensated liver disease
 - 2.11. Deep vein thrombosis requiring hospitalisation
3. Predicted hospital stay over two days
4. Treating physician agreement with the possibility of the patient being managed under hospital at home modality
5. Responsible caregiver agreement with the possibility of the patient being managed under hospital at home modality
6. Home meeting basic characteristics (space, safety conditions, basic service availability, hygiene in general)

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

102

Key exclusion criteria

1. Terminal disease or palliative care
2. Patients requiring intravenous treatments more than twice a day
3. Domestic violence, drug addiction, criminal behaviour, extreme poverty or any other factor that may hamper the normal recovery of patients

Date of first enrolment

01/06/2009

Date of final enrolment

01/02/2010

Locations

Countries of recruitment

Chile

Study participating centre

Módulo Universidad Católica

Santiago

Chile

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Sponsor information

Organisation

Pontifical Catholic University of Chile (Pontificia Universidad Católica de Chile) (Chile)

Sponsor details

Avenue Libertador Bernardo O'Higgins 340

Santiago

Chile

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Sponsor type

University/education

Website

<http://www.puc.cl>

ROR

<https://ror.org/04teye511>

Funder(s)

Funder type

Government

Funder Name

National Commission of Scientific Research and Technology, Ministry of Health (Chile) - Fifth National Contest of Projects of Investigation and Development in Health (FONIS 2008) (ref: SA08I20007)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration