

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

Submission date 21/08/2012	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 16/10/2012	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 13/03/2020	Condition category Respiratory	☐ 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
Liverpool School of Tropical Medicine
Pembroke Place
Liverpool
United Kingdom
L3 5QA

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

Primary study design
Interventional

Study design
Randomised control feasibility study

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 <24 hrs 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 <90 mmHg

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