Authors' objectives
To investigate the effect of hospital care at home (HCAH) on the health and quality of life of patients and caregivers, and the impact on health care professionals and associated economic costs.

Searching
MEDLINE, CINAHL, SciSearch and EMBASE were searched from 1990 to 2001 for articles in English or Dutch; the search terms were provided.

Study selection
Study designs of evaluations included in the review
Randomised controlled trials (RCTs) and controlled trials (CTs) were eligible for inclusion.

Specific interventions included in the review
Studies of HCAH were eligible for inclusion. HCAH was defined as the provision of care at home for a condition that would otherwise require a limited stay in hospital. Studies of palliative HCAH, or HCAH for chronically ill psychiatric patients, were excluded. Special provision interventions that aimed to decrease readmissions following hospital discharge, and studies where the comparator was out-patient care, were not eligible for inclusion. The included studies were of early discharge and admission prevention interventions.

Participants included in the review
Patients receiving HCAH were eligible for inclusion. The eligible studies included surgical patients, stroke patients, patients with chronic obstructive pulmonary disease exacerbation, patients receiving intravenous antibiotics for cystic fibrosis, cancer patients receiving chemotherapy and high-risk pregnancies.

Outcomes assessed in the review
The inclusion criteria for the outcomes were not specified. The included studies reported clinical outcomes such as physical functioning, mortality, length of hospital stay, and readmission and psychosocial outcomes such as quality of life. Some of the included studies reported the impact of the intervention on general practitioners and other health care professionals.

How were decisions on the relevance of primary studies made?
One author screened the searches. Where there was uncertainty the abstract was discussed with the other authors.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction. Data were extracted on the type of participants, the goal and duration of the intervention, clinical and psychosocial outcomes, and economic costs.

Methods of synthesis
How were the studies combined?
The results of the individual studies were tabulated. A small number of studies were also summarised in a narrative.

How were differences between studies investigated?
Differences between the studies were reported in tabular format. Within the tables, the studies were grouped on the basis of the medical condition.

Results of the review
Twenty-seven studies were included: 23 RCTs and 4 CTs.

It is not possible to report any overall findings because not all of the studies were combined in a narrative synthesis. The results of the individual studies were presented in the paper. The majority of the studies appeared to show no difference in clinical outcomes between HCAH and in-patient care.

Cost information
Yes. The authors stated that the results relating to the costs were contradictory and that no single conclusion could be made, owing to the variety of methods used to calculate costs across the studies.

Authors' conclusions
No differences in health outcomes were found between patients allocated to HCAH and in-patient care, providing the patients were selected carefully and the home met a number of basic conditions.

CRD commentary
The review question was clear in terms of the intervention, participants and study design of interest. A number of relevant electronic databases were searched and the search terms were reported. Language restrictions were applied and there were no specific attempts to find unpublished studies, therefore studies might have been missed. The study selection and data extraction processes do not appear to have been checked, thus introducing the possibility of error and bias in the review process. The studies were not assessed for validity, and there was very limited consideration of the findings in the context of study quality. Details of the individual studies were provided. It would have been appropriate to carry out a narrative synthesis of the included studies; however, the authors did not go beyond reporting the results of the individual studies. Given the methodological weaknesses of this review, the authors' conclusions may not be reliable.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that further research into services that help older persons avoid hospital admission is required.

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract
contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on
the reliability of the review and the conclusions drawn.