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Welcome to the first issue of the HITH Review for 2006. In this issue we have included commentaries of two interesting articles, some abstracts of published articles from Australia, New Zealand, USA and UK that looked at costs of various hospital-in-the-home programs and a listing of several recent relevant publications including an infliximab infusion program, experience with amphotericin infusions and use of continuous intravenous dihydroergotamine.

Most of the articles listed in this review are available either from libraries in Australia or journal websites. Copies of articles with an asterisk (★) can be requested from ACA if required for educational or research purposes by using the order form available on the website.

We hope you find the HITH Review to be a valuable resource. Please let us know if you have any publications you would like included.

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Cost-effectiveness of home physiotherapy

Lisa Demos

Mitchell C, Walker J, Walters S et al. Costs and effectiveness of pre- and post-operative home physiotherapy for total knee replacement: randomized controlled trial. *J Evaluation Clin Pract* 2005; 11:283-92.

★

This randomized controlled trial (RCT) assessed the effectiveness of pre- and post-operative physiotherapy at home for unilateral total knee replacement (TKR). This study was set in participants' homes (four primary care trust areas) and physiotherapy outpatients in a South Yorkshire teaching hospital trust. A total of 160 osteoarthritis patients waiting for unilateral TKR were randomly allocated to intervention (home) group (n=80) or control (hospital outpatient) group (n=80). The intervention group had pre- and post-operative home visits for assessment and treatment by a community physiotherapist. Outcome measures were health-related quality of life (HRQoL), measured by the Western Ontario McMaster Osteoarthritis index (WOMAC) and the Short Form 36 health survey (SF-36) pre-operatively and at 12 weeks post-TKR operation; patient satisfaction; and NHS resource use.

No significant differences were observed between the two treatment groups in the primary outcome measure, the WOMAC pain score, or any other HRQoL score. The home group had a significantly greater mean number of physiotherapy sessions than the hospital group [mean difference 5.2 sessions, 95% confidence interval (CI) = -6.3 to -4.1; P=0.001]. There was no significant difference in the total NHS costs per patient between groups. However, home physiotherapy for TKR was significantly more expensive (mean difference - £136.5, 95% CI= -£160 to -£113; P=0.001). Patients were equally satisfied with physiotherapy at home or in hospital; however, more of the home group would choose their location for physiotherapy again.

Although home physiotherapy was as effective and as acceptable to patients as hospital outpatient physiotherapy for unilateral TKR, it was more expensive. Additional pre-operative home physiotherapy did not improve patient-perceived health outcomes.

comment

This RCT is a welcome addition to the HITH literature on allied health interventions despite the study limitations of not achieving sample size and lack of blinding. It was not surprising that the costs of the home physiotherapy treatment were greater as the intervention group received more sessions and received physiotherapy on a one-to-one basis rather than in group sessions. As we don't know if less home physiotherapy visits would result in similar outcomes and patient satisfaction at equivalent costs to managing the control group further research may be worthwhile.

Infectious Diseases Consultant

Lisa Demos

Sharma R, Loomis W, Brown RB. Impact of mandatory infectious disease consultation on outpatient parenteral antibiotic therapy. *Am J Med Sci* 2005; 330:60-4. ★

This study assessed the impact of mandatory Infectious Disease (ID) consultation on the use and outcomes of OPAT in patients who were initially hospitalized. Patients >18 years being considered for discharge to home on OPAT were identified, primarily through discharge planning. Formal ID consultation was performed to determine both the need for OPAT and a variety of issues regarding antibiotic choice. Thirty-day telephone follow-up determined outcomes. Data regarding demographics, outcomes, and costs were analyzed.

Forty-four patients received mandatory ID consultation, 39 (88.6%) had some change in antibiotic recommendations. Seventeen (38.6%) were discharged on oral antibiotics, 1 (2.3%) had antibiotics discontinued, 13 (29.6%) had a change in parenteral antibiotic, 5 (11.4%) had a change in antibiotic dose, and 3 (6.8%) had a change in antibiotic duration. Follow-up demonstrated a single rehospitalization for unrelated issues. The total cost savings were \$US 33,667, approximately \$US 760 per patient. Charges of consults were approximately \$US 11,970, still resulting in savings of close to \$US 21,700, or almost \$US 500 per patient.

Mandatory ID consultation resulted in substantial cost savings and excellent outcomes.

comment

This small uncontrolled study supports the use of an ID consultant in HITH to ensure appropriate antibiotic usage. ID consultation resulted in several patients being changed to oral therapy. Cost savings were achieved without compromising clinical outcomes though follow-up was only for 30 days therefore late relapse was not assessed.

Relevant abstracts from Medline and Cinahl

A New Zealand Cost Comparison of HITH and Hospital Care

Harris R, Ashton T, Broad J et al. The effectiveness, acceptability and costs of a hospital-at-home service compared with acute hospital care: a randomized controlled trial. *J Health Serv Res Policy* 2005; 10:158-66. ★

This study compared the safety, effectiveness, acceptability and costs of a hospital-at-home programme with usual acute hospital inpatient care. Patients >55 years being treated for an acute medical problem were randomized to either standard inpatient hospital care or hospital-at-home care and followed-up for 90 days. Health outcome measures included physical and mental function, self-rated recovery, health status as assessed by the SF-36, adverse events and hospital re-admissions. Acceptability was assessed using satisfaction surveys and the Carer Strain Index. Costs comprised hospital care, care in the home, community services, general practitioner services and personal health care expenses.

A total of 285 people (mean age 80 years) were randomized. There were no significant differences in health outcome measures between the two randomized groups. Significantly more patients receiving care at home reported high levels of satisfaction, as did more of their relatives. Relatives of the care-at-home group also reported significantly lower scores on the Carer

Strain Index. However, the mean cost per patient was almost twice for patients treated at home (\$NZ 6,524) as for standard hospital care (\$NZ 3,525). A sensitivity analysis indicated that, if the service providing care in the home had been operating at full capacity, the mean cost per patient episode would have been similar for both modes of care.

This hospital-at-home programme was found to be more acceptable and as effective and safe as inpatient care. While caring for patients at home was significantly more costly than standard inpatient care, this was largely due to the hospital-at-home programme not operating at full capacity.

Cost Implications of Hospital Substitution

Wilson SF, Shorten B, Marks RMI. Costing the ambulatory episode: implications of total or partial substitution of hospital care. *Aust Health Rev* 2005; 29:360-5. ★

The Macarthur Health Service introduced an innovative Acute Ambulatory Care Service (MACS) in 2000. The service was designed to substitute patient care previously provided in hospital beds with care in the patient's home. The financial implications of complete or partial substitution of hospital care were explored using local data sources from the introduction of the service in 2001-2002. These data were analysed using the NSW Department of Health cost of care methodology.

This study determined that episodes of care in MACS were less costly than equivalent episodes of inpatient care for selected diagnoses. The Macarthur cost of care data confirmed substantial savings (63%) in cases in certain diagnostic groups (cellulitis, pneumonia) with complete substitution, and lower savings (50%) for partial substitution of care when compared with hospital admission. Savings are likely to be greater as the level of substitution increases and are dependent on the choice of ambulatory sensitive diagnoses.

HITH and the Older Patient

Leff B, Burton L, Mader SL et al. Hospital at home: feasibility and outcomes of a program to provide

hospital-level care at home for acutely ill older patients. *Ann Intern Med* 2005; 143:798-808. ★

A prospective quasi-experiment was undertaken in 3 Medicare-managed care (Medicare + Choice) health systems at 2 sites and a Veterans Administration medical centre to assess the clinical feasibility and efficacy of substituting treatment in an acute care hospital with a hospital-at-home model of care.

The participants were 455 community-dwelling elderly patients who required admission to an acute care hospital for community-acquired pneumonia, exacerbation of chronic heart failure, exacerbation of chronic obstructive pulmonary disease, or cellulitis. Measurements included clinical process measures, standards of care, clinical complications, satisfaction with care, functional status, and costs of care.

Hospital-at-home care was feasible and efficacious in delivering hospital-level care to patients at home. In 2 of 3 sites studied, 69% of patients who were offered hospital-at-home care chose it over acute hospital care; in the third site, 29% of patients chose hospital-at-home care. Although less procedurally oriented than acute hospital care, hospital-at-home care met quality standards at rates similar to those of acute hospital care. On an intention-to-treat basis, patients treated in hospital-at-home had a shorter length of stay (3.2 vs. 4.9 days) ($P = 0.004$), and there was some evidence that they also had fewer complications. The mean cost was lower for hospital-at-home care than for acute hospital care (\$US 5,081 vs. \$US 7,480) ($P < 0.001$).

Limitations included possible selection bias because of the quasi-experimental design and missing data, modest sample size, and study site differences.

The hospital-at-home care model is feasible, safe, and efficacious for certain older patients with selected acute medical illnesses who require acute hospital-level care.

Early Discharge Rehabilitation Service

Miller P, Gladman JRF, Cunliffe AL et al. Economic analysis of an early discharge rehabilitation service for older people. *Age Ageing* 2005; 34:274-80. ★

The cost-effectiveness of an early discharge and rehabilitation service (EDRS) in Nottingham, UK was measured using data were collected during a

randomised controlled trial. Cost and cost-effectiveness analyses were conducted from the perspective of service providers (health and social services) over a period of 12 months. Resource variables included were the EDRS intervention, the initial acute hospital admission (from randomisation), readmission to hospital, hospital outpatient visits, stays in nursing and residential homes, general practitioner contact, community health services and social services. The effectiveness measure was the EuroQol EQ-5D score, from which quality-adjusted life years (QALY) were calculated. Cost-effectiveness was calculated as cost per QALY gained.

At 12 months the mean untransformed total cost for the EDRS was £8,361 compared to £10,088 for usual care, a saving of £1,727 ($P=0.05$). Cost-effectiveness acceptability curves showed a high probability that the EDRS was cost effective across a range of monetary values for a QALY.

The Nottingham EDRS was likely to be more cost effective than usual care.

Evaluation of a Leg Ulcer Management Protocol

Harrison MB, Graham ID, Lorimer K et al. Leg-ulcer care in the community, before and after implementation of an evidence-based service. *Can Med Assoc J* 2005; 172:1447-52. ★

This study reports on the results of a prospective study of a community-based care strategy for leg ulcers. International practice recommendations and guidelines were adapted to make a new clinical protocol. The new model, for a dedicated service staffed by specially trained registered nurses, established initial and ongoing assessment time frames and provided enhanced linkages to medical specialists. Data were collected for 1 year before and after implementation; outcome measures included 3-month healing rates, quality of life and resource usage.

Three-month healing rates more than doubled between the year before implementation (23% [18/78]) and the year afterward (56% [100/180]). The number of nursing visits per case declined from a median of 37 to 25 ($p=0.041$); the median supply cost per case was reduced from \$US 1,923 to \$US 406 ($p=0.005$).

Reorganization of care for people with leg ulcers was associated with improved healing and a more efficient use of nursing visits.

A Review of Heart Failure and Telemedicine

Jerant A, Nesbitt T. Heart failure disease management incorporating telemedicine: a critical review. *J Clin Outcomes Management* 2005; 12:207-17.

This article summarised and critically reviewed the published literature on heart failure disease management (HFDM) programs using telemedicine and outlined critical research gaps and approaches for addressing them.

MEDLINE and other data-bases were searched for randomized controlled trials (RCTs) and systematic reviews published between 1966 and November 2004 comparing HFDM programs incorporating telemedicine with usual care. Broad definitions of disease management and telemedicine were employed to guide decisions regarding article inclusion.

Five prior systematic reviews were retrieved, each employing different definitions of disease management and telemedicine, and 33 RCTs. Thirty of the RCTs were included in at least 1 of the reviews, and 3 additional RCTs were not included in any systematic reviews. The findings of the 33 RCTs suggest that, when targeted to recently hospitalized patients with moderate to severe heart failure, a variety of HFDM interventions incorporating telemedicine significantly reduced hospitalizations and emergency visits. Fewer studies examined the impact of HFDM programs on mortality, care costs, and quality of life, and their findings varied. Several RCTs targeted patients with less severe disease and/or enrolled in health systems with pre-existing proactive approaches to chronic disease care and found no significant improvement in any outcomes.

HFDM programs incorporating telemedicine can reduce acute care utilization by severely affected patients, but their impact on other outcomes is unproven. Less symptomatic patients and those cared for in well-organized health systems do not appear to benefit from HFDM. Many questions regarding HFDM remain, such as which program elements are most

effective. The authors proposed a HFDM taxonomy to help organize future research on this topic.

RCT of Home Telecare for COPD Patients

Mair FS, Goldstein P, May C et al. Patient and provider perspectives on home telecare: preliminary results from a randomized controlled trial. *J Telemed Telecare* 2005; 11(Suppl 1): 95-7. ★

A randomized controlled trial of home telecare for the management of acute exacerbations of chronic obstructive pulmonary disease has been undertaken in the north-west of England. A videophone was used that communicates via the ordinary telephone network. The intervention period for each participant was two weeks. Participants in the telecare arm of the trial were asked to complete logbooks to record their experiences of each telecare encounter. A simple, self-completed, 10-item questionnaire was used that consisted of a Likert scale, ranging from 1 (totally disagree) to 5 (totally agree). Fourteen nurses completed 150 logbooks and 22 patients completed 145 logbooks. These results demonstrate significant differences in perception between patients and their health-care providers with regard to telecare encounters across all the domains addressed. Participating patients consistently demonstrated more positive views of the telecare encounters than their healthcare providers.

Spanish Experience of HITH

Mendoza-Ruiz de Zuazu H, Casas-Arrate J, Martinez-Martinez, C et al. Home intravenous antibiotic treatment: a study in 515 patients [Spanish]. *Enfermedades Infecciosas y Microbiologia Clinica* 2005; 23:396-401.

The effectiveness of therapy, type of infection, hospital department of origin and outcome was assessed for 515 cases of infection requiring home intravenous antibiotic therapy treated by the home care service by retrospective review of patient clinical records over a 6-year period.

A total of 439 patients (244M/195F; mean age, 55.9 years, range 7-96) requiring 515 courses of home intravenous antibiotic therapy were reviewed. Mean duration of antibiotic therapy was 7.9 days (1-58).

Urinary (42.3%) and respiratory infections (25.8%) were the most frequent indications for home treatment. Most patients were referred from the emergency department (50.5%) followed by the Internal Medicine Department (11.5%) and Oncology Department (11.1%). Ceftriaxone was the most widely prescribed antibiotic (41.8%) followed by aminoglycosides (35.3%) and glycopeptides (11.7%). In 49 cases electronic infusion pumps were used, with ceftazidime being the predominant antibiotic (32.7%) in these cases. Hospitalization was required in 7% of patients due to infectious disease-related complications. Clinical outcome was positive in 79% of the patients, with improvement in 90% of patients from the emergency department.

Gastroenteritis

Small F, Alderdice F, McCusker C et al. A prospective cohort study comparing hospital admission for gastroenteritis with home management. *Child Care, Health Development* 2005; 31:555-62. ★

This prospective cohort study compared physical and psychological outcomes in 116 children aged 1-6 years presenting at Accident and Emergency Departments (A&E), diagnosed with gastro-enteritis and admitted to hospital over a 6 months period with those of a similar age, sex and severity of illness discharged home.

The physical and psychological well-being of children in these two groups, in the month after the episode, were compared as was further use of health care services. Admitted children were compared with children discharged, of a similar age, sex and illness severity (triage score) with follow-up at 1 week and 1 month. Clinical history, psychosocial factors, investigations and outcomes were recorded at presentation and physical, psychological and family outcomes at 1 week and 1 month.

Of 116 children, 112 (97%) completed the study (56 in each group). No differences were detected in psychosocial factors, socio-economic status, family factors, time of arrival at A&E or waiting times. Parental perception of illness was greater in the admitted group ($P < 0.005$), but was recorded after the decision on admission was made. At 1 week follow-up admitted children had increased separation anxiety compared

with children who were discharged ($P < 0.05$), but this difference disappeared at 1 month. Clinical outcomes were the same for both groups, although admitted children had more investigations (91% vs. 39%). Parents were equally satisfied with their child's treatment, but one-third of children in both groups sought further consultation with a health professional in the following week.

There is no statistically significant difference in socio-demographic data, time of arrival at A&E, waiting times, clinical and psychosocial outcomes in children with acute gastro-enteritis admitted to hospital compared with a group of children of similar age, gender and severity of illness managed at home. However, parents seek reassurance and follow-up of acutely ill children, even if the child is admitted to hospital, which has service and resource implications.

List of MEDLINE, CINAHL and other relevant published articles

Access Devices

Campbell SG, Trojanowski J, Ackroyd-Stolarz SA. How often should peripheral intravenous catheters in ambulatory patients be flushed? *J Infusion Nursing* 2005; 28:399-404. ★

Lin JW, Kacker A, Anand VK et al. Catheter- and antibiotic-related complications of ambulatory intravenous antibiotic therapy for chronic refractory rhinosinusitis. *Am J Rhinology* 2005; 19:365-9. ★

Schultz AA, Gallant P. Evidence-based quality improvement project for determining appropriate discontinuation of peripheral intravenous cannulas. *Evidence-based Nursing* 2005 8:8. ★

Care Co-ordination/Case Management

Meckes CS. Opportunities in care coordination. *Home Healthcare Nurse* 2005; 23: 663-669. ★

Zink MR. Episodic case management in home care. *Home Healthcare Nurse* 2005; 23:655-62. ★

COPD

Cigna JA, Turner-Cigna LM. Rehabilitation for the home care patient with COPD. *Home Healthcare Nurse* 2005; 23:578-84. ★

Duckett KK. Ask Home Healthcare Nurse: Chronic obstructive pulmonary disease care at home. *Home Healthcare Nurse* 2005; 23:556-62. ★

Cost

Harris R, Ashton T, Broad J et al. The effectiveness, acceptability and costs of a hospital-at-home service compared with acute hospital care: a randomized controlled trial. *J Health Serv Res Policy* 2005; 10:158-66. ★

Miller P, Gladman JRF, Cunliffe AL et al. Economic analysis of an early discharge rehabilitation service for older people. *Age Ageing* 2005; 34:274-80. ★

Mitchell C, Walker J, Walters S et al. Costs and effectiveness of pre- and post-operative home physiotherapy for total knee replacement: randomized controlled trial. *J Evaluation Clin Pract* 2005; 11:283-92. ★

Ricauda NA, Tibaldi V, Marinello R et al. Acute ischemic stroke in elderly patients treated in hospital at home: a cost minimization analysis. *JAGS* 2005; 53:1442-3. ★

Wilson SF, Shorten B, Marks RMI. Costing the ambulatory episode: implications of total or partial substitution of hospital care. *Aust Health Rev* 2005; 29:360-5. ★

Cystic Fibrosis

Asensio O, Bosque M, Marco T et al. Home intravenous antibiotics for cystic fibrosis. *Cochrane Database of Systematic Reviews* 2005; volume 4. ★

Diabetes

Clar C, Waugh N, Thomas S. Routine hospital admission versus out-patient or home care in children at diagnosis of type 1 diabetes mellitus. *Cochrane Library* 2005; volume 4. ★

Cohen AS, Edelstein EL. Sick-day management for the home care client with diabetes. *Home Healthcare Nurse* 2005; 23:717-24. ★

O'Reilly CA. Managing the care of patients with diabetes in the home care setting. *Diabetes Spectrum* 2005; 18:162-6. ★

Discharge

Gorski L. Hospital to home care: discharge planning for the patient requiring home infusion therapy. *Topics Advanced Pract Nurs* 2005; 5:1-6.

Miller P, Gladman JRF, Cunliffe AL et al. Economic analysis of an early discharge rehabilitation service for older people. *Age Ageing* 2005; 34:274-80. ★

Satzinger W, Courte-Wienecke S, Wennig S et al. Bridging the information gap between hospitals and home care services: experience with a patient admission and discharge form. *J Nursing Management* 2005; 13:257-64. ★

Disease Management

Huffman MH. A case study in home health disease management. *Home Healthcare Nurse* 2005; 23: 636-8. ★

Miller C. A heart failure case study in home health disease management. *Home Healthcare Nurse* 2005; 23:608-11. ★

Education and Training

Oliver M. Reaching positive outcomes by assessing and teaching patients self-efficacy. *Home Healthcare Nurse* 2005; 23:559-62. ★

Geriatrics

Leff B, Burton L, Mader SL et al. Hospital at home: feasibility and outcomes of a program to provide hospital-level care at home for acutely ill older patients. *Ann Intern Med* 2005; 143:798-808. ★

Leff B, Burton L, Mader SL et al. Summaries for patients. The feasibility of home treatment instead of hospitalization for older patients with acute illness. *Ann Intern Med* 2005; 143:1.56. ★

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Headache

Charles JA, von Dohn P. Outpatient continuous intravenous dihydroergotamine for refractory headache. (letter) *Headache* 2005; 45:394-5. ★

Heart Failure

Hoskins LM, Duffy JR. Improvement in the outcome indicator of readmission of patients with heart failure. A case analysis. *Home Healthcare Nurse* 2005; 23:787-91. ★

Jerant A, Nesbitt T. Heart failure disease management incorporating telemedicine: a critical review. *J Clin Outcomes Management* 2005; 12:207-17.

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Quinn C. End-of-life care with the heart failure patient in home health. *J Infusion Nursing* 2005; 28:393-8. ★

Home Assessment

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Hydration

Bennett Jacobs B, Taylor C. Seeing artificial hydration and nutrition through an ethical lens. *Home Healthcare Nurse* 2005; 23:739-42. ★

Immunoglobulin

Gelfand E. Critical decisions in selecting an intravenous immunoglobulin product. *J Infusion Nursing* 2005; 28:366-374. ★

Infection Control

Art G. Combination povidone-iodine and alcohol formulations more effective, more convenient versus formulations containing either iodine or alcohol alone. A review of the literature. *J Infusion Nursing* 2005; 28:314-320. ★

Infections and Antibiotic Therapy

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Inflammatory Bowel Diseases

Condino AA, Fidanza S, Hoffenberg EJ. A home Infliximab infusion program. *J Ped Gastroenterol Nutr* 2005; 40:67-9. ★

Infusion Therapy Programs

Jacobs JM, Hammerman-Rozenberg R, Stessman J. Home Hospitalization: 15 years of experience. (letter) *Annals Online*, 13 Dec 2005.

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Legal Issues

Tinellis C, Kloczko A. Legal issues in HITH care... Hospital in the Home. *ACCNS J Comm Nurses* 2004; 9(2):6. ★

Myocardial Infarct

Quan H, Cujec B, Jin Y et al. Home care before and after hospitalization for an acute myocardial infarction in Alberta, Canada. *Home Health Care Services Quarterly* 2004; 23:43-61. ★

Nursing

Hall Ellenbecker C, Byleckie JJ. Agencies make a difference in home healthcare nurses' job satisfaction. *Home Healthcare Nurse* 2005; 23:777-84. ★

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Nursing Homes

Lagoe RJ, Altwarg JD, Noetscher CM. Development and implementation of a community-wide infusion therapy program by hospitals and nursing homes in Syracuse, New York. *J Infusion Nursing* 2005; 28: 307-13. ★

Oncology

Jansman FGA, Jansen AJA, Coenen JLL et al. Assessing the clinical significance of drug interactions with fluorouracil in patients with colorectal cancer. *Am J Health-Syst Pharm* 2005; 62:1788-92. ★

Olver I, Keefe D, Myers M et al. A phase I study of prolonged ambulatory infusion of Ifosfamide with oral mesna. *Chemotherapy* 2005; 51(2-3): 142-6. ★

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Orthopaedics

Mitchell C, Walker J, Walters S et al. Costs and effectiveness of pre- and post-operative home physiotherapy for total knee replacement: randomized controlled trial. *J Evaluation Clin Pract* 2005; 11:283-92. ★

Pain Management

Vallerand AH, Anthony M, Saunders MM. Home care nurses' perceptions of control over cancer pain. *Home Healthcare Nurse* 2005; 23:647-52. ★

Paediatrics

Clar C, Waugh N, Thomas S. Routine hospital admission versus out-patient or home care in children at diagnosis of type 1 diabetes mellitus. *Cochrane Library* 2005; volume 4. ★

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Parenteral Nutrition

Ireton-Jones C, DeLegge M. Home parenteral nutrition registry: a five-year retrospective evaluation of

outcomes of patients receiving home parenteral nutrition support. *Nutrition* 2005; 21:156-60. ★

Pharmaceutical Compounding

Kastango ES. USP <797>: Making the case for increasing environmental controls in pharmaceutical compounding. *Infusion* 2005; 11 (Suppl 4):1-11. ★

Physiotherapy

Mitchell C, Walker J, Walters S et al. Costs and effectiveness of pre- and post-operative home physiotherapy for total knee replacement: randomized controlled trial. *J Evaluation Clin Pract* 2005; 11:283-92. ★

Point of Care Devices

McBane RD, Felty CL, Hartgers ML et al. Importance of device evaluation for point-of-care prothrombin time international normalized ratio testing programs. *Mayo Clin Proc* 2005; 80:181-6. ★

Scolaro KL, Stamm PL, Lloyd KB. Devices for ambulatory and home monitoring of blood pressure, lipids, coagulation, and weight management, part 1. *Am J Health-Syst Pharm* 2005; 62:1802-12. ★

Private Patients

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Psychiatric Problems

Leff EW, Ryan SO. The role of the home care nurse in suicide prevention. *Home Healthcare Nurse* 2005; 23:566-75. ★

Quality, Outcomes, Indicators and Standards

Hoskins LM, Duffy JR. Improvement in the outcome indicator of readmission of patients with heart failure. A case analysis. *Home Healthcare Nurse* 2005; 23:787-91. ★

Huffman MH. Standards of care and best practices. The link to patient outcomes. *Home Healthcare Nurse* 2005; 23:727-32. ★

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