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**Title:** Does the provision of home nasal ventilation reduce re-admission rates for patients who were in acute respiratory failure?

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**Body:** In the light of the current financial climate in the NHS we decided to investigate the provision of acute to chronic non-invasive ventilation (NIV) in acute respiratory failure within the UHL NHS Trust. The study aims to investigate whether the issue of long term NIV therefore may possibly reduce further admissions and thus reduce NHS expenditure. A retrospective study was carried from June 2011 to June 2012 looking at acute to chronic issues performed on the respiratory wards at the Glenfield Hospital, Leicester. The patients were admitted in Type II respiratory failure with a PH <7.35, then set up on acute NIV. Those then identified as fitting one of the BTS categories were considered for referral for long term NIV while an in-patient. Across the year 21 patients satisfied the acute to chronic criteria. The main diagnosis was COPD with the secondary diagnosis being OHVS. The median pH on the acute set-up being 7.268 and the median acute starting IPAP pressure was 16.7cmH20 with the median chronic IPAP being 21.7cmH20. We found that 13 patients had a reduced re-admission rate, 6 patients had an increased admission rate and 2 returned their NIV. The patient's compliance on NIV in the reduced admission group was a median of 4.8 hrs/night while the increased admission group was 5.5 hrs/night. The overall conclusion of this audit showed a reduction in re-admission rates, but since some of the increased admission patients had frequent re-admissions the overall cost was a plus £15,800. This study highlights the need for an extensive multi-centre audit to investigate further into the possible cost saving of the acute to chronic NIV service.