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**Title:** Early discharge COPD experience: Reduction of severe exacerbations requiring hospitalisation

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**Body:** Introduction Hospital at home schemes for COPD exacerbations are used but evidence to support them with reductions in exacerbations or mortality has not been wholly conclusive Method Data 12 months pre & post instigation of an early discharge with admission avoidance service (EDS-AA) was available to COPD exacerbation patients hospitalised at our hospital, providing care to a population of 450000, covering the Bucks (B) & East Berks (EB) area. Currently only patients from EB qualify for care with the EDS-AA team. The EDS-AA team takes patients home within 5 days of admission & offer support for 10 days after. Subsequent to this, patients are offered direct EDS-AA team access, including home visits, telephone advice & self-management strategies Result Data was available in 95 COPD patients hospitalised with a severe COPD exacerbation. The mean (range) age was 75 (48-99) years & severity of COPD was classified as GOLD I, II, III & IV in 5%, 33%, 31% & 31% of patients. The mean (range) exacerbation frequency prior to the EDS-AA service was 1 (0-4) in all patients. 64% of exacerbations occurred in patients from the EB group & were discharged with the EDS-AA service. There was a significant reduction in the 12 month exacerbation rate requiring hospitalisation in the EB group (mean difference -0.5, 95% CI -0.8 to -0.2, p=0.003) but not the B group (mean difference 0.0, 95%CI -0.4 to 0.3, p=0.865). Mortality was not different in patients on the EDS-AA service compared to those that were not (13% vs. 9%, p=0.43) Conclusion The institution of a specialised EDS-AA service at our hospital was associated with reductions in COPD exacerbations requiring hospitalisation & has significant cost implications.