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Title: COPD acute exacerbation care self-audit in public hospitals in Catalonia (MAG-1)

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Body: **AIMS:** To carry out a self-audit to survey the quality of care provided to patients admitted with Chronic Obstructive Pulmonary Disease (COPD) acute exacerbation. **METHODS:** All 48 acute hospitals with chest unit in Catalonia were invited to complete a retrospective clinical self-audit comprising up to 40, 30 or 20 consecutively admitted episodes of COPD exacerbation (according to the size of the hospital measured through the annual COPD discharges: > 400 (Group 1), 100-400 (Group 2), < 100 (Group 3)). Results are presented as %, median or mean \pm standard deviations. Comparisons between hospitals were performed using one way ANOVA. A p value < 0.05 was considered significant. **RESULTS:** Data for 910 episodes from 30 hospitals (62,5%) were received (a sample of >70% of discharges). Age $74,9 \pm 9,8$, males (83,3%), FEV₁ $41\% \pm 15$, mean of Charlson Index by age $4,5 \pm 2$. Median previous year respiratory admissions=2, IQR= 1-3. Mortality: inpatient (4,4 %) & 90 days (4,4%). Readmission rate (RR) at 90 days: 23 %. Mean length of stay (LOS): 8 days (SD=7). A significant variation was observed between the 3 hospitals groups: 8,1 (SD=6,9) vs 6,9 (SD=4,4) vs 7,8 (SD=6,2) (p=0,05). There were no significant differences in inpatient mortality but there were significant differences in 90 day hospital RR (26% vs 23% vs 16%, p=0,045) and 90 day mortality (4% vs 5% vs 8%, p=0,050). In the discharge report there was information on smoking habit (35%, in smokers' patients), ABG room air (18%) and lung function (52%). **CONCLUSION:** We observed a considerable variation in the care provided between hospitals with a high variability in LOS, 90 day RR and 90 day mortality. The information in discharge report should be improved.