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Title: Comparing COPD care in Malta, to other European hospitals: Results from the ERS COPD audit

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Body: Background: Proper management of COPD can reduce exacerbations, which in turn reduces disease-related mortality. Aim: To find out how management of COPD exacerbations in Malta contrasts with other countries. Methods: A total of 422 European hospitals took part. Every COPD patient admitted with an exacerbation to our hospital over 8 weeks, was included (n=112). The ERS COPD audit proforma and web tool was used. Data was processed by the Data Analysis Team. The authors take full responsibility for any inferences made in this abstract. Results: The median length of stay was 5 days, while the European Median (EM) was 8 days; there is no early supported discharge programme locally (31.8% of European hospitals run this). The 90-day readmission rate was 47.6% locally vs. 35.1% EM. In Malta there is no respiratory ward (81.7% EM), no specialist COPD clinic (61.8% EM), nor respiratory nurse specialists. There are 4 respiratory teams and 46.4% of patients were seen by pulmonologists (EM 80%). On admission, only 48.2% had spirometry results available (59.6% EM). 6.4% needed NIV (13.4% EM), but 91.1% of patients improved before NIV was needed (40% EM). On discharge 15.5% were given LTOT (30.4% EM), the PaO2 our patients had on admission was 66.9mmHg vs. 59.4mmHg EM. 49.1% of our cases satisfied GOLD criteria to be discharged on LAMA (1.8% vs. 59.8% EM) or ICS + LABA (12.5% vs. 69.5% EM). 45.5% of patients were on antibiotics on discharge (11.9% EM). The 90-day mortality was 7.6% (6.1% EM). Still, this was COPD-related in only 37.5%. Conclusions: In Malta management of COPD needs to be optimised by establishing and adhering to guidelines. Specialised care is recommended as well as re-auditing at a later stage.