**HOW DO WE ‘DO’ POST-DISCHARGE CARE IN OLDER PEOPLE? MS KIM, MJ CONNOLLY, JB BROAD, X ZHANG, K BLOOMFIELD. FREEMASONS’ DEPARTMENT OF GERIATRIC MEDICINE, UNIVERSITY OF AUCKLAND.**

**Introduction** Home-hospital transitions are frequent among acutely ill older people, and may be reduced (fewer readmissions) by post-discharge secondary care (PDSC). We aimed to determine the proportion of older patients receiving PDSC after acute hospitalisation and compare outcomes with those not receiving PDSC.

**Methods** Retrospective observational study using computerised in-patient records. Participants were patients aged >75yrs who presented to a WDHB hospital emergency department (ED) and discharged from medical/surgical/geriatrics /orthopaedics wards in three 2-week periods (September 2013, January 2014, May 2014). Proportional hazards models were used to assess associations of planning/attending PDSC with outcomes within 90-days of discharge.

**Results** Clinical records for 1085 patients were searched. 965 patients were eligible (43 inpatient deaths, 23 discharge letter unavailable, 54 second/further admissions). Of all discharge summaries, 42.8% indicated planned PDSC. Of those with planned PDSC, 30.5% had no appointment booked. 95% of surviving appointees attended PDSC. Patients with plannedPDSCwere no more likelyto attend ED, vs. those without planned PDSC (Hazard ratio[HR]=0.99, 95%CI=0.81, 1.22; p=0.94). However, patients actually attendingPDSC wereless likely to attend ED vs. those not attending (HR=0.32, 95%CI=0.24, 0.41; p<0.0001). Patients attending PDSC had lower mortality, vs. those not attending (HR=0.44, 95%CI=0.28, 0.70; p=0.0006). Those attending PDSC were less likely to enter hospital to residential aged care vs. those not attending (HR=0.26, 95%CI=0.11, 0.63; p=0.003).

**Conclusions** Older people discharged after acute hospitalisation are not receiving appropriate PDSC as they are not booked follow-up appointments despite discharge recommendations. Inappropriate PDSC planning and booking are *strongly* associated with undesirable outcomes, although not necessarily causal. Further research is planned to assess whether these undesirable outcomes are preventable through better discharge planning.