**‘Understanding and improving outcomes for people with Parkinson’s Disease in the general hospital’ – June 2022**

Following a covid related delay in getting the data we have now successfully developed a database of 1157 admissions of people with Parkinson’s Disease to the general hospital over a 2 year period. Within this data set we have patient related outcomes including length of stay, death during admission, death within 30 days of discharge, incidents on the ward (falls, aggression and cardiac arrest, medication errors), and any change in social care provision between admission and discharge. We also have a range of variables for each patient including age, time since diagnosis [of Parkinson’s disease], co-morbid dementia diagnosis, reason for admission to hospital, ward type and speciality admitted under, Charlson comorbidity index, dopaminergic agonist burden and antipsychotic burden.

The size and richness of the data set is allowing us to better understand the outcomes for people with Parkinson’s disease, for example: 108 (9.3%)of the sample died in hospital, 208 (18%) died in hospital or within 30 days of discharge, 211 (18%) were readmitted post discharge and 246 (22%) had a change of accommodation precipitated by the admission. More importantly however we are able to better understand the aspects of the admission that precipitate a negative outcome - antipsychotic burden, comorbidity index, speciality providing care etc. This will allow us to better understand what aspects of care have a positive impact on a person’s admission, but perhaps more importantly where lessons can be learned from variables that predict poor outcomes.

The data set is still being analysed, however initial results are positive and we hope to have the first (of several) publications completed by the Autumn. We aim to have the final report ready by December. We will also aim to present the results at national neurology and psychiatry conferences in 2023 promoting the study and FERBLANC.