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## BACKGROUND

Hospital-city communication is a major tool for the prevention of drug-related iatrogenia. A Discharge Letter (DL) was imposed at the regulatory level to improve the continuity of patients' medication management after discharge from hospital. We hypothesize that the collaborative multiprofessional implementation, integrating the clinical pharmacist, of the DL explaining all drug regimen changes, and its transmission to the General Practitioner (GP) the day of the patient's discharge by secure messaging (ZEPRA, *Zéro Emission Papier en Rhône-Alpes*), would improve the continuity of care medication of the patient.

The objective of this study was to evaluate the impact of this approach on the continuity of the drug changes initiated during hospitalization.

## STUDY DESIGN

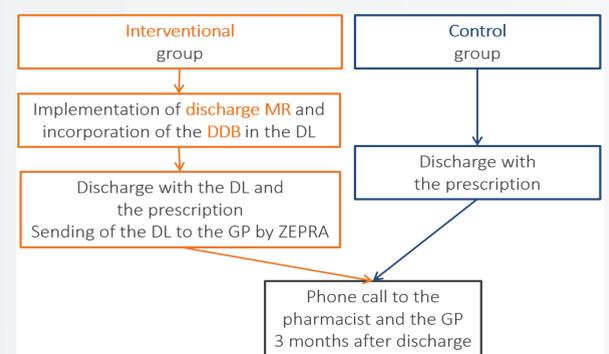
- Comparative prospective study
- In 2 care units of the Internal Medicine Department of Grenoble University Hospital
- Between September 2017 and February 2018
- 92 patients included in the interventional group and 97 in the control group

### Primary endpoint:

Assessment of the impact of the DL from the average number of drug changes performed at hospital and continued by GP, in each group, 3 months after discharge.

### Secondary endpoints:

- Number of re-hospitalizations 3 months after discharge
- Satisfaction of GP about this model (telephone survey)

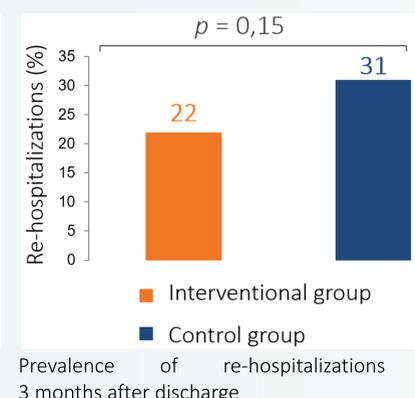
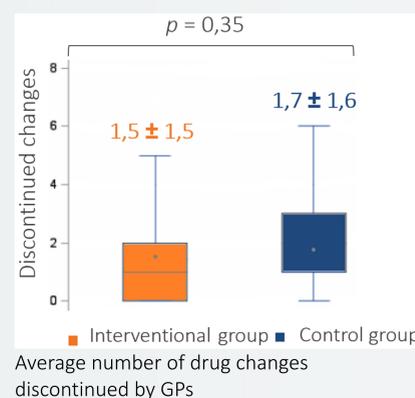


MR: Medication Reconciliation  
 DDB: Drug Discharge Balance

## RESULTS

Multiprofessional and collaborative implementation of the discharge MR through the DL and its transmission to the GP by secure messaging ZEPRA would improve the continuity of the patient's medication management 3 months after discharge:

Compared to the control group, the use of the DL tended to decrease re-hospitalizations (no statistically significant difference).



	n	Interventional group
Use of ZEPRA and reception of the DL – n (%)		
GPs using ZEPRA	57	54 (95)
Reception of the DL	60	41 (68)
Reception mode	41	
ZEPRA		22 (54)
Letter		10 (24)
Patient		3 (7)
ZEPRA and patient		1 (3)
Did not answer		5 (12)
Time frame for receipt	41	
Too fast		1 (2)
Optimal		29 (71)
Too late		2 (5)
Dit not answer		9 (22)
Satisfaction of the DL – average rating from 0 to 10 ± standard deviation		
Operation of the DL	38	7,6 ± 1,6
Comprehensiveness of the DL	36	7,5 ± 1,7

	n	Participants	Interventional group	Control group	p
Contribution of the DL on the daily practice of GPs – n (%)					
Improving continuity of care	11	104 (94)	49 (88)	55 (100)	0,01
Improving overall patient care	11	107 (96)	53 (95)	54 (98)	0,5
Improving sense of collaboration	11	93 (84)	44 (79)	49 (89)	0,41

	n	Control group
Knowledge and usefulness of receiving the DL on the day of the patient's discharge – n (%)		
Knowledge of the DL	51	14 (27)
Usefulness of receiving the DL on the day of the patient's discharge, in addition of the discharge summary	54	48 (89)

Answers of GPs to the satisfaction questionnaire

According to GPs, the DL has emerged as a promising tool, which should have a positive impact in their daily practice by facilitating the continuity of care, improving overall patient care and their sense of collaboration with hospital.

Overall, they were satisfied with its operating mode, its content and the time frame for receiving it.

Despite its mandatory nature since January 1, 2017, the DL remained largely unknown to the GPs.

## CONCLUSION

Multiprofessional and collaborative implementation of the DL and its transmission to GP seem to facilitate hospital-city communication and the post-hospital medication management of patients, despite the DL lacks of notoriety.

