



Continuity of care in pediatric patients: prospective study at hospital discharge

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Introduction

Different problems can occur at hospital discharge. An optimization of this multidisciplinary process is essential to ensure high quality of care. A prospective clinical study was led to assess drug problems encountered by pediatric patients and community pharmacies at hospital discharge.

Material & method

WHO?

- French speaking pediatric patients (<12 years old) with a drug prescription at hospital discharge

WHEN/ WHERE?

- Pediatric emergency department (ED) (07-22.06.2010)
- Pediatric medicine ward (MED) (11.2010-12.2011)

HOW?

Semi-structured phone interview with parents

- 72 hours after discharge
- Rate and time for drugs obtaining, treatment knowledge

Questionnaire for community pharmacists

- Given by parents to community pharmacist
- Rate and time for drugs supply, reasons for non supply

Conclusion

Drugs supply seemed more problematic at pediatric medicine ward discharge than at emergency department discharge, whereas **treatment knowledge** seemed better for patients leaving medicine ward.

Drugs not in stock in community pharmacies was the most frequent reason for drug non-supply.

2nd part of the study: INTERVENTION

- ☺ Improving drug supply / obtaining
- ☺ Improving parent's treatment knowledge

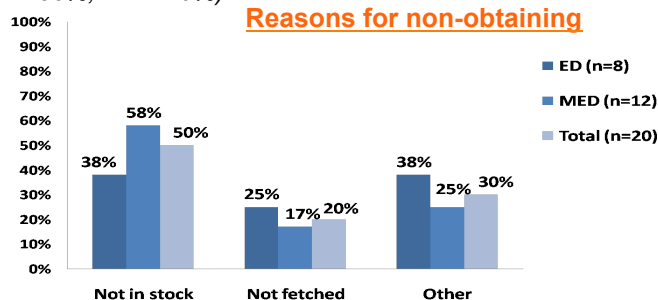
Results

- ✓ 109 patients included (ED 64; MED 45)
- ✓ 88% of the parents interviewed (ED 88%; MED 89%)
- ✓ 68% of the questionnaires sent back by community pharmacists (ED 59%; MED 89%)

DRUGS SUPPLY

Semi-structured phone interview

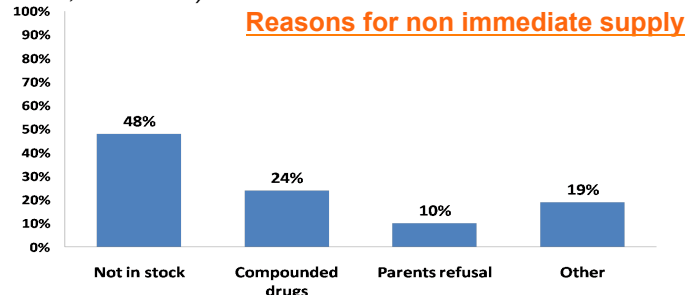
- ✓ 79% of the parents said they obtained all drugs immediately from the community pharmacy (ED 86%; MED 70%)



- ✓ 65% of the parents said they obtained all their drugs later (ED 50%; MED 75%), among which 60% within a day (ED 38%; MED 50%)

Questionnaire for community pharmacists

- ✓ Immediate supply of all drugs prescribed: 82% (ED 89%; MED 61%)



TREATMENT KNOWLEDGE

